Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **June 1-15th.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

STATE CLEARING H

Please ensure all questions are answered completely, and typed in the spaces below. All documents submitted with the original copy of the application must have original signatures. Stamped or electronic signatures will not be accepted. Previous editions of this application may not be used (4/16/03). Incomplete application or missing documentation may result in the delay of processing and/or result in denial of your application.

I. General Information

Applicant Organization's Legal Name: City of Folsom

Applicant Agency ORI Number: C A 0 3 4 0 1

The ORI number is assigned to your agency by the FBI for purposes of UCR crime reporting. It begins with your two letter state abbreviation followed by five digits. For further clarification, please refer to the Glossary of Common Grant Terms section of the Application Instructions, page 20.

Applicant Agency EIN Number: 9 4 - 6 0 0 0 3 3 4

The EIN number is assigned to your agency by the Internal Revenue Service (IRS) and consists of nine digits. However, if the Office of Justice Programs has assigned your department an EIN number, please use that assigned number. Otherwise, your IRS EIN number should be used. For further clarification, please refer to the Glossary of Common Grant Terms section of the Application Instructions, page 19.

Federal Congressional District Number(s): 16-710

Do not substitute state or local congressional districts. If your agency spans more than one congressional district, please list all of the districts above.

Are you contracting for law enforcement services?

Yes No

If "yes," the government body should be named in the Applicant Organization's

Legal Name space above. For further clarification in determining if this applies
to your agency, please refer to the Glossary of Common Grant Terms section of
the Application Instructions, page 19.

In the space below, please provide a brief description of your agency's inability to implement this project without federal assistance.

For the past several years, three to four Police Officers have been assigned as SRO's in the Folsom schools; one officer at the elementary and middle schools, and two officer at the high school. One officer was assigned to the (GREAT) program which was eliminated at the end of the 2001-2002 school year due to budget reductions. As we move into the 2003-2004 school year, significant budget cuts will result in additional SRO reductions from 3 to 2 officers. Two more SRO's are needed to accommodate increasing student populations and requests for counseling, mentoring, prevention, intervention, and education services. This proposal is requesting the addition of two School Resource Officers to maintain and enhance the community policing efforts at the elementary and middle schools, and to re-institute the Gang Resistance Education and Training program at the middle and elementary schools.

II. Executive Information

The law enforcement and government executives that appear in this section must be those individuals who will have ultimate financial and programmatic authority for this grant. Typically, these are the highest-ranking officials within a jurisdiction (chief of police, sheriff, or equivalent for law enforcement executives, and mayor, city manager, or equivalent for government executives). Listing individuals without financial and programmatic authority for the grant could delay the review of your application, or remove your application from consideration.

Law Enforcement Executive's Name: Sam Spiegel
Title: Chief of Police Agency Name: Folsom Police Department
Address: 46 Natoma Street
77,001,000
City: Folsom State: CA Zip Code: 95630
Telephone: (916) 355-7240 Fax: (916) 355-7200
Email: sspiegel@folsom.ca.us
Type of Police Agency:
State
□ Sheriff* □ Tribal
☐ School* ☐ University/College* (☐ Public or ☐ Private)
☐ Public Housing* ☐ New Start-Up* (please specify):
☐ Other* (please specify):
* Agency types with an asterisk next to them must complete the
additional appropriate questionnaire found in this Application Forms.
and submit it along with the application.
Government Executive's Name: Martha Lofgren
Title: City Manager
Name of Government Entity: City of Folsom
Address: 50 Natoma Street
City: Folsom State: CA Zip Code: 95630
Telephone: (916) 355-7315 Fax: (916) 355-7328
Fmail: jcrichton@folsom.ca.us

	of Government Entity: tate
Con	tact Information:
Nam	e of contact person in your agency familiar with this grant application:
***************************************	Capt. Wayne Vierra
	Police Captian
	phone: (916) 355-7244Fax: (916) 985-7643
Ema	il: wvierra@folsom.ca.us
111.	Partner Information
part with note und info app If the gen the	her the COPS in Schools grant program, applicants must enter into a mership agreement with an official for a specific school or school district ageneral educational oversight authority within that jurisdiction. Please you must designate one school official as the school representative are the grant program.** In the space below, please provide the simulation for the individual who will be responsible for ensuring that the reprinted school official attends the mandatory COPS in Schools Training. The proposed project affects an entire school district, then the official with eral educational oversight over the entire school district should complete information below. In addition, this individual will be required to sign the ched COPS in Schools Training Requirement.
Nai	pol Official Name: Deborah BettencourtTitle: Deputy Superintendent
	dress: 125 East Bidwell Street
:	
	y: Folsom State: CA Zip Code: 95630 ephone: (916) 355-1100Fax: (916) 985-6939
Em	mail: dbettenc@fcusd.kl2.ca.us
**) info Pa dec pre	there are multiple partners involved in this project, please provide the remaining listed above for each of the partners on the attached "Additional riner Page" included with this application. However, the legal applicant must ride on one school official to be designated for the purpose of this grant. At the sent time, only one school official per grant award will be permitted to attend CIS Training due to logistical constraints.

At the time an application is submitted, agencies must include two separate typed documents prepared in cooperation with the partner school(s), or school district(s), involved in the program.

The first document is the Narrative Addendum that outlines the proposed project. For additional information on this requirement, please refer to page 33 of this Application Form.

The second document is the Memorandum of Understanding (MOU) form that details the roles and responsibilities of the partners involved in this project. For additional information on this requirement, please refer to page 35 of this Application Form.

In addition, the Retention Certification Form outlines your agency's plan to retain all additional officer positions awarded for at least one full local budget cycle following the expiration of COPS grant funding for each COPS-funded officer position must also be submitted. The law enforcement executive and government executive that are listed on page 4 of this Application Form must sign this form.

COPS In Schools Additional Training Condition

Signatures required

Please have the Law Enforcement Executive <u>and</u> one designated School Representative sign the attached COPS in Schools Training Requirement on page 9.

All agencies receiving awards through the COPS in Schools program are required to send the officer(s) deployed into the school resource officer position(s) as a result of this grant, and one individual designated as the school representative under the grant program, to one COPS in Schools Training. The COPS Office will reimburse grantees for training, per diem, travel, and lodging costs for attendance of the required participants up to a maximum of \$1,200 per person attending. Agencies that receive a COPS in Schools grant will receive additional training information following notification of the grant award. The training requirement must be completed prior to the end of the 36-months of grant funding for officer positions.

IV. Department Information:
Population served (2000 U.S. Census):*
If the population that your agency serves is not represented by U.S. Census
figures (a.g. school district notice departments) please indicate the size of
the population served here: 63,800 (Department of Finance)

Square miles covered by your agency:*

* Exclude the population and square miles primarily served by other law enforcement agencies within your jurisdiction. For example, a sheriff's department must exclude populations and areas covered by a city police department for which the sheriff's department does not have primary law enforcement authority.

Current budgeted this application:	l locally funded s	worn force strength as of	the date of	٠.
officers your depar	nlly funded sworn ctment has funded i Do not include	Part-time officers:	per of sworn e und locally COPS-funded	
Current actual locapplication:	cally funded swor	n force strength as of the	date of this	
The actual locally officers employed not include vacant	funded sworn force by your departmen state or locally-fu	Part-time officers: e strength is the actual num is as of the date of this app inded positions, COPS-func id retention period), or un	ber of sworn lication. Do led positions	
V. Officer Reques	st Information:			
What is the total requesting under	number of new oft this COPS in Sch	icer position(s) for which tools application?	you are now	
Full-time: 2 Your request shoul Do not request mo	Part-time:_ 'd be consistent with the positions than y	0 h your agency's law enforc our agency can support an	ement needs. ad retain.	
officer positions:	ς 125,000 x			
if required):		thing funds required (loca	il share,	
s <u>113,364 x</u>	2 = \$226,728			
		ete the COPS in Schools these Application Forms. T		

* To answer these questions, complete the COPS in Schools 2003 Budget Information Worksheets provided in these Application Forms. The maximum amount of funding available per officer position is \$125,000 (pages 19-31). The difference between \$125,000 and the agency's total cost per officer position is the agency's local match. Please note the attached budget worksheets are to be completed for one officer; as a result, please remember to multiply by the total number of officers requested.

7

COPS in Schools Application Forms

I understand that prior to any grant award, the applicant must comply with all application and program requirements of the Public Safety Partnership and Community Policing Act of 1994 and other requirements of federal law. In addition, my signature certifies that this application requests funding only for positions that would not be otherwise funded in my agency's budget with state, local or Bureau of Indian Affairs funds.

By signing below, I certify that the information provided on this form and the attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS grants may result in fines, imprisonment, debarment from participating in federal grants or contracts, and/or any other remedy available by law to the Federal government.

av Enforcement Executive's Signature:

(Signature of person named in Section II of this form)

Date: 6-17-03

Government Executive's Signature:

(Menature of person named in Section II of this form)

School-Official's Signature:
Delvoral Bettincol

t Date: 6-12-03

Date: 6-12-0-

(Signature of person named under Section III "Partner Information" as the designated School Representative for this grant program and the required training.)

Please return one original and two copies of all application materials. Please be sure to include all forms as outlined in the CIS 2003 Application Checklist and any additional information necessary to complete this request for grant funding. Completed application forms should be mailed to:

COPS in Schools Control Desk
U.S. Department of Justice, COPS Office
1100 Vermont Avenue, N.W.
7th floor

Washington, D.C. 20530 (please use 20005 zip code for overnight mail)

Note: Original signatures are required on the original application to process all funding requests. Faxed copies will <u>NOT</u> be accepted. Applications postmarked after the final application deadline date will not be considered.

Please be advised that a hold may be placed on this application if it is deemed that the applicant agency is not in compliance with federal civil rights laws and/or is not cooperating with an ongoing federal civil rights investigation.

OMB Approval Number: 1103-0027

Application for Federal Assistance

U.S. Department of Housing and Urban Development

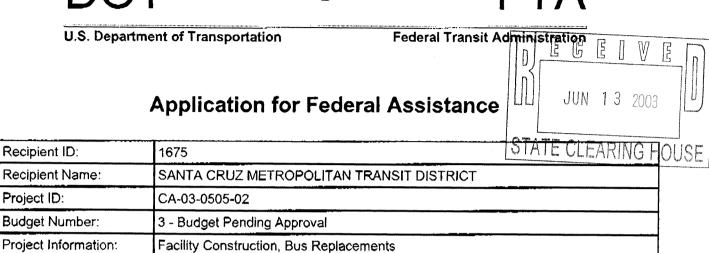
OMB Approval No.2501-0017 (exp. 03/31/2005)

1. Type of Submission	2. Date Su	ubmitted 06/13/2003	4. HUD	Application Number	
X Application Preapplication	3. Date ar	nd Time Received by HUD	5. Existi	ing Grant Number	
			6. Appli	cant identification Nu	ımber
7. Applicant's Legal Name MAAC Project		B. Organizational Unit	S	Seniors on Broadway	y
9. Address (give city, county, State, and zip code) A. Address: 22 West 35th Street, Sulte 200 B. Cily: National City C. County: San Diego D. State: CA E. Zip Code; 91950	2003 L	10. Name title, telephone number, contacted on matters involving the Name: JoEllen Smith B. Title: Vice President C. Phone: (512) 328-3232, x71 D. Fax: (512) 328-4584 E. E-mail: Joellans@mciver.con	is applica		•
11. Employer Identification Number (EIN) or SSN F A CHAI	a HUII	12. Type of Applicant (enter appro	opriate le	tter in box)	N
95-2457534 TULEANIN	ORVU	A. State B. County		versity or College ал Tribe	
13. Type of Application		С. Municipal	K. Trit	oally Designated Hou	using Entity (TDHE)
X New Continuation Renewal R	₹evision	D. Township	L. Indi	ividual	
	nung	E. Interstate	M. Pro	ofit Organization	
If Revision, enter appropriate letters in box(es)		F. Intermunicipal	N. No	n-profit	
A. Increase Amount B. Decrease Amount C. Increase Duratio	on .	G. Special District	O. Pul	blic Housing Authori	ty
D. Decrease Duration E. Other (Specify)		H. Independent School District	P. Oth	ıer (Specify)	•
		14. Name of Federal Agency			-
		U.S. Department of Housing	and Ur	ban Developmen	t
15. Catalog of Federal Domestic Assistance (CFDA) Number 1 4 Title: Section 202 Component Title; Supportive Housing for the Elderly	157	Descriptive Title of Applicant's Section 202, Supportive Housin advance financing from HUD. F	ig for the	Elderly Project - 40	year capital
17. Areas affected by Program (boroughs, cities, counties, Sta	ates				
Indian Reservation, etc.) City of Chula Vista, San Diego California	County,				
18a. Proposed Program start date 18b. Proposed Program 5/1/05		19a. Cangressional Districts of Ap CA-51st	plicant	19b. Congressiona Program	Districts of CA-51st
20. Estimated Funding: Applicant must complete the Fund	ing Matrix	on Page 2.			
21, Is Application subject to review by State Executive Order					40.00
A. Yes X This preapplication/application was made a	ıvailable to t	he State Executive Order 12372 P	rocess fo	r review on: Date 6/	13/03
B. No Program is not covered by E.O. 12372					
Program has not been selected by State for	r review.				
22. Is the Applicant definquent on any Federal debt? Yes if "Yes," explain below or attach an explanation.	No				

	t provide the funding n mplete the centification		elow, listing ea	ach program for	which HUD fo	unding is being			
Grant Program*	HUD Share	Applicant Metch	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Olher	Program Income	Total
Section 202	5,040,300.00								5,040,300.00
									0.00
							·		0.00
									0.00
									0.00
Grand Totals	5,040,300.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,040,300.00
Certification		. ,					·		
I certify, to the ber of the applicant, to Congress, an office of this Federal grand or will be paid for in Disclosure Form to similarly certify and Federally recognities as a result of the ex- tribes and TDHEs This application in the funding you ar information in this	at of my knowledge an any person for influence or employee of Congret or its extension, rendered the confluencing or attemption Report Labbying. I could disclose accordingly, and include the tribe's see established under Standard the Assurance of the Assurance application is true and	cing or attemp gress, or an en- swal, amendming to influence ertify that I sha Iribally designate overeign powerals law are not ances and Certifices and Certifices and Certifices	ting to influence inployee of a Ment or modifications curren ated housing ear are excluded excluded from alfications curren	te an officer or officer or officer of Congation. If funds of the second of the second of the statute's conductor of the statute of the statu	employee of a press, in connection Fed all complete a liters (including) established to of the Byrd Alloverage. ed to this applete to the total control of the Byrd Alloverage.	n agency, a Mo action with the a eral appropriat and submit Star g sub-grants a by Federally-re- mendment, but deation or rener best of my know	ember of swarding ed funds have indeed Form-LL nd contracts) to cognized India to State-recogniws and incorpowiedge and be	L, o n tribes zed Indian prates for lief, all	
the agreement. 23: Signalure of Au	uthorifed Official	//			Name (printed	d)	Mitchell L	. Thompson	n







Part 1: Recipient Information

Project Number:	CA-03-0505-02	
Recipient ID:	ecipient ID: 1675	
Recipient Name:	SANTA CRUZ METROPOLITAN TRANSIT DISTRICT	
Address: 370 ENCINAL ST SUITE 100, SANTA CRUZ, CA 95060 0000		
Telephone:	(831) 426-6080	
Facsimile:	(834) 266-117	

Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$1,918,73		
Project Number:	CA-03-0505-02	Adjustment Amt:	\$		
Project Description:	Facility Construction, Bus	Total Eligible Cost:	\$1,918,73		
	Replacements	Total FTA Amt:	\$1,534,98		
Recipient Type:	Transit Authority	Total State Amt:	\$		
FTA Project Mgr:	John Hunt	Total Local Amt:	\$383,74		
Recipient Contact:	Tom Hiltner		\$303,74		
New/Amendment:	Amendment	Other Federal Amt:	5		
Amend Reason:	Increase Award	Special Cond Amt:	\$		
		Special Condition:	None Specified		
Fed Dom Asst. #:	20500	S.C. Tgt. Date:	None Specified		
Sec. of Statute:	5309	S.C. Eff. Date:	None Specified		
State Appl. ID:	10	Est. Oblig Date:			
Start/End Date:	Jan. 01, 2004 - Apr. 15, 2006		None Specified		
Recvd. By State:		Pre-Award Authority?:	Yes		

EO 12372 Rev:	YES	Fed. Deb
Review Date:	None Specified	Authority
Planning Grant?:	NO	Final Bud
Program Date (STIP/UPWP/FTA Prm Plan) :	Apr. 29, 2003	
Program Page:	SCR-24	
Application Type:	Electronic	
Supp. Agreement?:	No	
Debt. Deling. Details:		

Fed. Debt Authority?:	No
Final Budget?:	No

Urbanized Areas

UZA ID	UZA Name
62270	SANTA CRUZ, CA

Congressional Districts

State ID	District Code	District Official
6	17	Sam Farr

Project Details

This grant includes 5 projects to buy new rolling stock and 1 project to construct an operating and maintenance facility which will replace facilities lost in the 1989 Loma Prieta earthquake.

The SCMTD proposes to build a new bus facility in the Harvey West Industrial Park. The proposed facility consists of a cluster of maintenance and operations facilities to service a fleet of up to 98 buses. METRO's own Minor Maintenance Facility and River Street Operations facility will be expanded into adjacent properties.

The new bus facility is the District's highest priority. The project will be funded by a combination of FTA Section 5039, Section 5307 funds, local Air District AB 2766 funds, local sales tax revenues, proceeds from the sale of the existing land and facilities owned by SCMTD and proceeds from the lawsuit settlement against the builders of the Watsonville Maintenance Facility that was irreparably damaged by the earthquake.

The FTA provided Section 5309 and 5307 funds for preliminary engineering, design engineering and right-ofway acquisition for this project in FTA grants CA-03-0413-02 and CA-90-X873.

Amendment #1, requested 7/11/2001, added \$1,721,822 from the FY2000 5309 appropriation to fund bus replacement projects.

Amendment #2, requested 5/2003, adds \$1,534,988 in FY 2001 FTA Section 5309 Bus Allocations to the construction project.

Part 3: Budget

Project Budget





U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

1675	CT/	TE OLEARING HO
SANTA CRUZ METROPOLITAN TRANSIT DISTRICT	OIT	A Le Ulm Ess/ARTHO 1-16
CA-90-Y224-00		
1 - Budget Pending Approval		
FY2002-FY2003 Operating Assistance		
	SANTA CRUZ METROPOLITAN TRANSIT DISTRICT CA-90-Y224-00 1 - Budget Pending Approval	SANTA CRUZ METROPOLITAN TRANSIT DISTRICT CA-90-Y224-00 1 - Budget Pending Approval

Part 1: Recipient Information

Project Number:	CA-90-Y224-00
Recipient ID:	1675
Recipient Name:	SANTA CRUZ METROPOLITAN TRANSIT DISTRICT
Address:	370 ENCINAL ST SUITE 100, SANTA CRUZ, CA 95060 0000
Telephone:	(831) 426-6080
Facsimile:	(834) 266-117

Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$31,086,00	
Project Number:	CA-90-Y224 -00	Adjustment Amt:	\$	
Duning t Department	FY2002-FY2003 Operating	Total Eligible Cost:	\$31,086,00	
Project Description:	Assistance	Total FTA Amt:	\$2,804,43	
Recipient Type:	Transit Authority	Total State Amt:	\$5,134,52	
FTA Project Mgr:	John Hunt	Total Local Amt:	\$23,147,04	
Recipient Contact:	Thomas Hiltner	Other Federal Amt:	\$	
New/Amendment:	New	Special Cond Amt:	\$	
Amend Reason:	Initial Application			
		Special Condition:	None	
Fed Dom Asst. #:	20507	S.C. Tgt. Date:	None Specified	
Sec. of Statute:	5307	S.C. Eff. Date:	None Specified	
State Appl. ID:	None Specified	Est. Oblig Date:	None Specified	
Start/End Date:	Jul. 01, 2002 - Jun. 30, 2003	Pre-Award		
Recvd. By State:	May. 28, 2003	Authority?:	Yes	

EO 12372 Rev:	Not Applicable	Fed. Debt	No		
Review Date:	None Specified	Authority?:			
Planning Grant?:	NO	Final Budget?:	No		
Program Date (STIP/UPWP/FTA Prm Plan) :	Apr. 25, 2003				
Program Page:	MPO ID #8140				
Application Type:	Electronic				
Supp. Agreement?;	Yes				
Debt. Deling. Details:					

Urbanized Areas

UZA ID	UZA Name
60000	CALIFORNIA
62270	SANTA CRUZ. CA

Congressional Districts

State ID	District Code	District Official
6	17	Sam Farr

Project Details

FY 2003 OPERATING ASSISTANCE (Section 5307): The project provides funds for operating transit service in the Santa Cruz and Watsonville urbanized areas from July 1, 2002 through June 30, 2003.

Part 3: Budget

Project Budget

	Quantity	FTA Amount	Tot. Elig. Cost
SCOPE			
300-00 OPERATING ASSISTANCE	0	\$2,804,435	\$31,086,000
ACTIVITY			
30.09.00 OPERATING ASSISTANCE - 50% (USE FPC 04)	0	\$2,804,435	\$31,086,000
	Estimated To	tal Eligible Cost:	\$31,086,000
		Federal Share:	\$2,804,435
		Local Share:	\$28,281,565

Application for Federal Assistance

U.S. Department of Housing and Urban Development

OMB Approval No.2501-0017 (exp. 03/31/2005)

Ī		
Type of Submission	2. Date Submitted 06/13/2003	4. HUD Application Number
Application Preapplication	3. Date and Time Received by HUD	S. Existing Grant Number
7. Applicant's Legal Name		6. Applicant Identification Number
Citizens Housing Corporation	8. Organizational Unit	N/A
9. Address (give city, county, State, and tip code) 2 10 15		
A. Address: 26 O'Farrell Street	contacted on matters involving this	x number, and e-mail of the person to be
B. City: San Francisco	A Northal Domontal Control	application (including area codes)
C. County: San Francisco	3 20 B. Title: President	
D. State: California	C. Phone: 415/421-8605	
E. Zip Code: 94108		
CTATE CLEA	RING FEM: A15/421-8605	ing ora
11. Employer Identification Number (EIN) prosN	12. Type of Applicant (enter approp	disco I all and the first
	A. State	
68-03097 6 8	B. County	I. University or College
13. Type of Application		J. Indian Tribe
X New Continuation Renewal Revi	C. Municipal	K. Tribally Designated Housing Entity (TDHE)
Land Danis Callendi Licelle	- · · · · · · · · · · · · · · · · · · ·	L. Individual
If Rovision, enter appropriate letters in box(ee)	E. Interstate	M. Profit Organization
	F. Intermunicipal	N. Non-profit
A. Increase Amount B. Decrease Amount C, Increase Duration	G. Special District	O. Public Housing Authority
D. Decrease Duration E. Other (Specify)	H. Independent School District	P. Other (Specify)
	14. Name of Federal Agency U.S. Department of Housing a	nd Urban Development
15, Catalog of Federal Domestic Assistance (CFDA) Number	16. Descriptive Title of Applicant's P.	
14 — 15		or the Elderly; will provide 40 units of
Title: Supportive Housing for the Elderly	supportive housing for seniors in S	San Francisco.
Component Title;		
17. Areas affected by Program (boroughs, cities, counties, States		
Indian Reservation, etc.) City of San Francisco		
18a, Proposed Program start date 18b, Proposed Program end	date 19a, Congressional Districts of Appli	cant 19b. Congressional Districts of
9/2003 (Exp. HUDAWard) 3/2005 (Initial	Close District 8: Pelosi	Program District 8: Pelosi
20. Estimated Funding: Applicant must complete the Funding	Matrix on Page 2.	
21. Is Application subject to review by State Executive Order 1237	2 Process?	
A. Yes This preapplication/application was made avails		ess for revious on: Data 6/13/03
B. No Program is not covered by E.O. 12372	THE STATE EXCEPTED CHART 12012 FIRE	ess for review on. Date
Program has not been selected by State for rev	Aw.	
27 le the Applicate delicances	No The state of th	
Yes If "Yes," explain below or attach an explanation.	10	
		1

Funding Matrix The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications. Grant Program^a HUD Applicant Other HUD Other Federa State Local/Tribal Other Program Total Share Match Funds Share Share Share In∞me HUD 202 4,218,000 200,04 0 0 4,189,212 8,417,212 0.000.000.00 0.00 0.00 | 0.00 | 4,139,212 | 0.00 | 0.00 4,218,000 0.00 10.000 For FHIPs, show both initiative and component Certifications I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly. Federally recognized Indian Tribes and tribally designated housing entitles (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage. This application incorporates the Assurances and Cordifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement. 23. Signature of Authorized Official Name (printed) James M. Buckley Title Date (mm/dd/yyyy) 06/11/03 President

Please ensure all questions are answered completely, and typed in the spaces below. All documents submitted with the original copy of the application must have original signatures. Stamped or electronic signatures will not be accepted. Previous editions of this application may not be used (4/16/03). Incomplete application or missing documentation may result in the delay of processing and/or result in denial of your application.

I. General Information

Applicant Organization's Legal Name: City of Yuba City

Applicant Agency ORI Number: 0 5 1 0 2 0 0

The ORI number is assigned to your agency by the FBI for purposes of UCR crime reporting. It begins with your two letter state abbreviation followed by five digits. For further clarification, please refer to the Glossary of Common Grant Terms section of the Application Instructions, page 20.

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Federal Congressional District Number(s): 3rd

Do not substitute state or local congressional districts. If your agency spans more than one congressional district, please list all of the districts above.

In the space below, please provide a brief description of your agency's inability to implement this project without federal assistance.

 SEE	ATTACHED	NARRATIVE	ADDENDUM



COPS in Schools Application Forms

II. Executive Information

The law enforcement and government executives that appear in this section must be those individuals who will have ultimate financial and programmatic authority for this grant. Typically, these are the highest-ranking officials within a jurisdiction (chief of police, sheriff, or equivalent for law enforcement executives, and mayor, city manager, or equivalent for government executives). Listing individuals without financial and programmatic authority for the grant could delay the review of your application, or remove your application from consideration.

Law Enforcement Execu	tive's Nam	e:	_	
Title: Chief of Poli	ce Agency	Name:	Yuba City F	olice Departme
Address: 1545 Poole	Bouleva	rd		
City: Yuba City	State:_	CA	Zip Code:_	95993
Telephone: (530) 822-	4667	F	ax: (530) 822	2-3222
Email: rdoscher@y	ubac1ty.	.net		
17/11(4)11,				
Type of Police Agency:			- 1	NT)
X Municipal	☐ State		County I	ານ
☐ Sheriff*	□ Tupai	w/Coller	e* (C Public or	□ Private)
☐ School* ☐ Public Housing*	O New Sta	rt-I in* (r	lease specify):	<u> </u>
☐ Other* (please specify)	D Men 200	rrob (nease speed,)	
* Agency types with an	actorick no	t to the	n must complete	the
additional appropriate	auestionne	sire four	d in this Applica	ction Forms,
and submit it along w	th the appl	ication.		
Gird hearing to annual				
Government Executive	c Name:	Jeff	Foltz	
Title: City Admin:			7.1 (1.5.	
Name of Government En	nity: Cit	y of h	uba City	
Address: 1201 Civi	c Center	Boule	vard	
		<u> </u>		05003
City Yuba City	State:	UA.	Zip Code:	33773
City: Yuba City Telephone: (530) 82	State: 2 - 4601	LA Fa	Zip Code: x: (530) 822	-4694

Type of Government Entity:
State XX City Town County Region
☐ Borough ☐ Township ☐ Territory ☐ Region ☐ Community ☐ Pueblo ☐ Nation ☐ School District
□ Village □ Council
Other (please specify):
Contact Information:
Name of contact person in your agency familiar with this grant application:
Michael Johnson
Title: Sergeant
Telephone: (530) 822-4676 Fax: (530) 822-4799
Email: mjohnson@yubacity.net
III. Partner Information
1' auto must optow into a
Under the COPS in Schools grant program, applicants must enter into a partnership agreement with an official for a specific school or school district
with general educational oversight authority within that jurisdiction. Please
note, you must designate one school official as the school representative
under the grant program.** In the space below, please provide the
information for the individual who will be responsible for ensuring that the
appropriate school official attends the mandatory COPS in Schools Training.
If the proposed project affects an entire school district, then the official with
general educational oversight over the entire school district should complete
the information below. In addition, this individual will be required to sign the attached COPS in Schools Training Requirement.
anached COFS in Schools Training Regulations.
Name of Partner Agency or School District: Yuba City Unified School District
School Official Name: Bob Kruse Title: Director of Student Services
Address: 750 Palora Avenue
City: Yuba City State: CA Zip Code: 95991
Telephone: (530) 822-7641 Fax: (530) 822-4419
Email: bkruse@ycusd.kl2.ca.us
**If there are multiple partners involved in this project, please provide the
information listed above for each of the partners on the attached "Additional
Partner Page" included with this application. However, the legal applicant must decide on one school official to be designated for the purpose of this grant. At the
present time, only one school official per grant award will be permitted to attend
the CIS Training due to logistical constraints.

Application for Federal Assistance

U.S. Department of Housing and Urban Development

OMB Approval No.2501-0017 (exp. 03/31/2005)

	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Type of Submission	2. Date :	Submitted	4. HUD Application Number
X Application Preappl	ication 3. Date a	and Time Received by HUD	5. Existing Grant Number
			6. Applicant Identification Number
	erment and		
7. Applicant's Legal Name Marian Homes		8. Organizational Unit housing	
9. Address (give city, county, State, and zip co	de)	10. Name,title,telephone number,	fax number, and e-mail of the person to be
A. Address: 3424 Wilshire Bl	.vd. 2nd floor	E .	s application (including area codes)
B. City: Los Angeles		A. Name: Julie Jorda	
C. County: Los Angeles		B. Title: Project Mana	
D. State: CA		C. Phone: 661–266–25	77
E. Zíp Code: 90010		D. Fax: 661–266–3016	
		E.E-mail: info@Phipps	
11. Employer Identification Number (EIN) or SS	SN .	12. Type of Applicant (enter appro	<u> </u>
95–4095764		A. State B. County	I. University or College
13. Type of Application		C. Municipal	J. Indian Tribe
X New Continuation Renewa	al Revision	D. Township	K. Tribally Designated Housing Entity (TDHE)L. Individual
Continuation Refress	Trevision	E. Interstate	M. Profit Organization
If Revision, enter appropriate letters in box(es)	ПП	F. Intermunicipal	N. Non-profit
A. Increase Amount B. Decrease Amount C. Inc	crease Duration	G. Special District	O. Public Housing Authority
D. Decrease Duration E. Other (Specify)		H. Independent School District	P. Other (Specify)
		14. Name of Federal Agency	
		U.S. Department of Housing	and Urban Development
15. Catalog of Federal Domestic Assistance (Cl	FDA) Number	16. Descriptive Title of Applicant's	Program
	14 - 157	acquisition/rehab	ilitation of group home
Title: housing for disabled Component Title:	đ	for developmental	ly disabled adults
17. Areas affected by Program (boroughs, cities	counting States		
Indian Reservation, etc.)	, counties, states,		
Garden Grove, LA County	, CA		
	osed Program end date	19a. Congressional Districts of App	plicant 19b. Congressional Districts of
	2-04	30H	Program #6th
Estimated Funding: Applicant must compl			
21. Is Application subject to review by State Exe			· · · · ·
		he State Executive Order 12372 Pro	ocess for review on: Date 6-1-0 3
B. No Program is not covered by E.			
Program has not been selected			
22. Is the Applicant delinquent on any Federal d	<u> </u>		
Yes If "Yes," explain below or attach a	n explanation.		
			V E M
			
		JUN 13	2003 []
		LIL OUR TO	
		CT A THE PARTY OF A PARTY	10 110110
		STATE CLEARII	Wi HUUSH

Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

Grant Program*	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
Sect::81:1 Ti	419,145	2 , 096							421,24
									0.00
									0.00
									0.00
									0.00
Grand Totals	419,445~ 7	2026	0.00	0.00	0.00	0.00	0.00	0.00	0.00

For FHIPs, show both initiative and component

Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.

This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.

23. Signature of Authorized Official	Name (printed)
D. Naug He aroun	Dr. Harry Siemonsma
Title /	Date (mm/dd/yyyy)
President '	6-2-03

Application for Federal Assistance

U.S. Department of Housing and Urban Development

OMB Approval No.2501-0017 (exp. 03/31/2005)

Type of Submission		2. Date Si	ubmitted	4. HUD	Application Number	
x Application	Preapplication [/]	3. Date ar	nd Time Received by HUD	5. Existi	ng Grant Number	
				6. Applic	ant Identification Nu	ımber
7. Applicant's Legal Name	Promising Futures, Inc.		8. Organizational Unit		Housing	
13. Type of Application x New Continuation If Revision, enter appropriate letters A. Increase Amount B. Decrease An D. Decrease Duration E. Other (Spe	(EIN) or SSN 00408 Renewal Rein box(es) Dinount C. Increase Duration cify)	evision	10. Name, title, telephone number, f contacted on matters involving this A. Name: Julie Jordan B. Title: Project Manager C. Phone: 661-266-2577 D. Fax: 661-266-3016 E. E-mail: info@PhippsCarr.com 12. Type of Applicant (enter appro A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District 14. Name of Federal Agency U.S. Department of Housing	n priate let I. Univ J. Indi K. Trib L. Indi M. Pro N. Nor O. Put P. Oth	ter in box) ersity or College an Tribe vidual offit Organization n-profit blic Housing Authorit er (Specify)	wides) Lising Entity (TDHE)
15. Catalog of Federal Domestic Ass Title: housing for de Component Title: 17. Areas affected by Program (bord Indian Reservation, etc.) El Caj	velopmentally disabled		16. Descriptive Title of Applicant's group home for 6 developmenta	-		
18a. Proposed Program start date 12/3/03	18b. Proposed Program e 12/4/03	nd date	19a. Congressional Districts of Ap 52nd	plicant	19b. Congressional Program	Districts of 52nd
20. Estimated Funding: Applicant r		ng Matrix	on Page 2.		rtogram	
21. Is Application subject to review b A. Yes X This preapplicatio B. No Program is not co	y State Executive Order 12	2372 Proce allable to t		ocess fo	review on: Date_6/	1/03
22. Is the Applicant delinquent on ar Yes If "Yes," explain below	y Federal debt? x	No	D E G	[] 13	2003	
			STATE CLE			

Funding Matrix The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications. Other HUD Other Federa State Local/Tribal Other Program Total HUD Applicant Grant Program* Funds Share Share Share Income Match Share 424,223.00 421,305.00 2,107.00 811 0.00 0.000.000.00 421,305.00 2,107.00 0.00 0.00 0.00 0.00 0.00 0.00 423,412.00 Grand Totals For FHIPs, show both initiative and component Certifications I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly. Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage. This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all Information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding Name (printed) 23. Signature of Authorized Official Martha Morrissey

Date (mm/dd/yyyy)

6-10-03

Title

President

App cation for Federal Assistance

U.S. Department of Housing and Urban Development

Approval No.2501-0017 (exp. 03/31/2005)

			**	
Гуре of Submission	2. Date S	ubmitted 4	. HUD Application Number	
X Application	Preapplication 3. Date a	nd Time Received by HUD 5	. Existing Grant Number	
		6	. Applicant Identification Nu	ımber
				Aerick
7. Applicant's Legal Name HOME (OWNERSHIP MADE EASY (HOME)	8. Organizational Unit	HOUSING	
9. Address (give city, county, State,	and zip code)	10. Name,title,telephone number,fax	k number, and e-mail of the	person to be
A. Address: 5901 GREEN VAL	LEY CIRCLE	contacted on matters involving this	application (including area	codes)
B. City: CULVER CITY		A. Name: JULIE JORDAN		
C. County: LOS ANGELES		B. Title: PROJECT MANAGER		
D. State: CALIFORNIA		C. Phone: 661) 266-2577		
E. Zip Code:90230		D. Fax: 661) 266-3016	0011	
		E. E-mail: INFO@PHIPPSCARR.		y
11. Employer Identification Number	(EIN) or SSN	12. Type of Applicant (enter appropr	,	N
95-38	322105	A. State	I. University or College	
42 Type of Application		B. County	J. Indian Tribe	
13. Type of Application X New Continuation]	i i	K. Tribally Designated Hou	sing Entity (TDHE)
X New Continuation	Renewal Revision	D. Township	L. Individual	
If Revision, enter appropriate letters	in hav(an)		M. Profit Organization	
A. Increase Amount B. Decrease An		· ·	N. Non-profit	
D. Decrease Duration E. Other (Spe			O. Public Housing Authority P. Other (Specify)	y
D. Desirede Baradon E. Other (Ope	ony	14. Name of Federal Agency	1. Other (Specify)	
		U.S. Department of Housing a	nd Urban Develonment	
Catalog of Federal Domestic Ass	sistance (CFDA) Number	16. Descriptive Title of Applicant's Pr		
_	14 157	FIVE UNIT INDEPENDANT LIVING		
Title: HOUSING FO	R PERSONS WITH DISABILITIES			
Component Title:				
17. Areas affected by Program (bord	oughs, cities, counties, States,			
Indian Reservation, etc.) INGLE				
COUN	ITY, CA.			
18a. Proposed Program start date	18b. Proposed Program end date	19a. Congressional Districts of Applic	ı ~	
12/31/03	12/31/04	52	Program	52
	nust complete the Funding Matrix o			
	y State Executive Order 12372 Proce		0.10	100
F	n/application was made available to the	ne State Executive Order 12372 Proc	ess for review on: Date_b/b	/03
-	vered by E.O. 12372			
	een selected by State for review.			
22. Is the Applicant delinquent on an	la de la constante de la const			
Yes If "Yes," explain below	or attach an explanation.	process to add t		
				Ì
		LLL JUN 1	3 2003	I
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		CTATE OLEAS	DINIC HOHEE	
		STATE CLEAR	TING HUUSE	

Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

Grant Program*	HUD Share	Applicant Match	Other HUD Funds	Other Federa Share	State Share	Local/Tribal Share	Other	Program Income	Total
Sect 811	448,680	2,243							450,923
									0.00
				,					0.00
									0.00
									0.00
Grand Totals	448,680	'2 , 243	0.00	0.00	0.00	0.00	0.00	0.00	4 50 , 923₁

For FHIPs, show both initiative and component

Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

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This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.

DAIN	Name (printed) David Silva
Title Executive Director	Date (mm/dd/yyyy) 6 - 2 - 0 3

Application for Federal Assistance

U.S. Department of Housing and Urban Development

OMB Approval No.2501-0017 (exp. 03/31/2005)

Type of Submission 2. Date	Submitted	4. HUD Application Number	
prompty : Statements	and Time Received by HUD	5. Existing Grant Number	
		6. Applicant Identification Nun	nher
			Grace
7. Applicant's Legal Name Home Ownership Made Easy, Inc. (HOME	8. Organizational Unit	housing	
Address (give city, county, State, and zip code)	10. Name,title,telephone number	fax number, and e-mail of the p	erson to be
A. Address: 5901 Green Valley Circle	contacted on matters involving th	is application (including area co	des)
B. City: Culver City	A. Name: Julie Jordan		
C. County: Los Angeles	B. Title: Project Manager		
D. State: CA	C. Phone: 661-266-2577		
E. Zip Code:90230	D. Fax: 661-266-3016		
	E. E-mail: info@PhippsCarr.co		
11. Employer Identification Number (EIN) or SSN	12. Type of Applicant (enter appr	in the second	N
95-3822105	A. State	University or College	
	B. County	J. Indian Tribe	
13. Type of Application	C. Municipal	K. Tribally Designated Hous	ing Entity (TDHE)
x New Continuation Renewal Revision	D. Township	L. Individual	•
	E. Interstate	M. Profit Organization	
If Revision, enter appropriate letters in box(es)	F. Intermunicipal	N. Non-profit	
A. Increase Amount B. Decrease Amount C. Increase Duration	G. Special District	O. Public Housing Authority	
D. Decrease Duration E. Other (Specify)	H. Independent School District	P. Other (Specify)	
	14. Name of Federal Agency	and Heban Davelanmant	
15. Catalog of Federal Domestic Assistance (CFDA) Number	U.S. Department of Housing 16. Descriptive Title of Applicant's		· · · · · · · · · · · · · · · · · · ·
14 — 157	acquisition/rehabilitation of 7 un	•	
Title: housing for disabled	disabled adults.	it apartment complex for devel	opmentally
Component Title:	1		
17. Areas affected by Program (boroughs, cities, counties, States,	1		
Indian Reservation, etc.) Inglewood, LA County, CA	1		
, , , , , , , , , , , , , , , , , , , ,	1		
18a. Proposed Program start date 18b. Proposed Program end date	19a. Congressional Districts of Ap	plicant 19b. Congressional D	istricts of
12/3/03 12/4/03	52	Program 52	
Estimated Funding: Applicant must complete the Funding Matrix	on Page 2.		
21. Is Application subject to review by State Executive Order 12372 Pro-	cess?		
A. Yes 7 This preapplication/application was made available to	the State Executive Order 12372 Pr	rocess for review on: Date 6/1/0)3
B. No Program is not covered by E.O. 12372			
Program has not been selected by State for review.			
22. Is the Applicant delinquent on any Federal debt? x No			
Yes If "Yes," explain below or attach an explanation.		8. 1	
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		<u> </u>	
	1121		l
	JUN 13	2003	I
	טטא וטטן	2000	
	STATE CLEARIN	VG HOUSF	

Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

	1	T				T	T	T	T
Grant Program*	HUD	Applicant	Other HUD	Other Federal	State	Local/Tribal	Other	Program	Total
	Share	Match	Funds	Share	Share	Share		Income	
HUD 811	526,722	2,634							529,35
									0.00
									0.00
		•							0.00
									0.00
Grand Totals	526,722	2 , 634 _;	0.00	0.00	0.00	0.00	0.00	0.00	:529 , 35

^{*} For FHIPs, show both initiative and component

Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

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This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding

the agreement.	0	······································
23. Signature of Authorized Official	Χ ~	Name (printed)
		David Silva
Title		Date (mm/dd/yyyy)
Executive Direct	or	6-3-03

Application for Federal Assistance

U.S. Department of Housing and Urban Development

Approval No.2501-0017 (exp. 03/31/2005)

2. E	Date Submitted	4. HUD Application Number	-
	Date and Time Received by HUD	5. Existing Grant Number	W i
		6. Applicant Identification Number	ills
7. Applicant's Legal Name HOME OWNERSHIP MADE EASY (HO	8. Organizational Unit	HOUSING	
9. Address (give city, county, State, and zip code) A. Address: 5901 GREEN VALLEY CIRCLE B. City: CULVER CITY C. County: LOS ANGELES D. State: CALIFORNIA E. Zip Code: 90230	contacted on matters involving th A. Name: JULIE JORDAN B. Title: PROJECT MANAGE C. Phone: 661) 266-2577 D. Fax: 661) 266-3016 E. E-mail: INFO@PHIPPSCAR	R.COM	
11. Employer Identification Number (EIN) or SSN	12. Type of Applicant (enter appro	i la	
95-3822105 13. Type of Application X New Continuation Renewal Revision If Revision, enter appropriate letters in box(es)	A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal	I. University or College J. Indian Tribe K. Tribally Designated Housing Entity (TI L. Individual M. Profit Organization N. Non-profit	DHE)
A. Increase Amount B. Decrease Amount C. Increase Duration	G. Special District	O. Public Housing Authority	
D. Decrease Duration E. Other (Specify)	H. Independent School District 14. Name of Federal Agency U.S. Department of Housing	P. Other (Specify) and Urban Development	
15. Catalog of Federal Domestic Assistance (CFDA) Number 14 157 Title: HOUSING FOR PERSONS WITH DISABILITY Component Title: 17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.) INGLEWOOD, LOS ANGELES COUNTY, CA.	16. Descriptive Title of Applicant's FIVE UNIT INDEPENDANT LIVI	Program	
18a. Proposed Program start date 18b. Proposed Program end da 12/31/03 12/31/04	ate 19a. Congressional Districts of App 52	olicant 19b. Congressional Districts of Program 52	
20. Estimated Funding: Applicant must complete the Funding Ma			
21. Is Application subject to review by State Executive Order 12372 F A. Yes	e to the State Executive Order 12372 Prov.	2003	
	STATE CLÉARING	G HOUSE	

Funding Matrix ne applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications. Other HUD Other Federal Local/Tribal Grant Program* HUD Applicant State Other Program Total Share Share Share Match Funds Share Income Sect 811 746,620 3,733 750,353 0.000.000.000.000.00|0.00|0.00|0.00|0.00 Grand Totals 746', 620 3,733 ,750,353 For FHIPs, show both initiative and component Certifications I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to

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23. Signature of Authorized Official	Name (printed) David Silva
	David Bilva
Title Executive Director	Date (mm/dd/yyyy) $6-6-03$

Application Form

Please ensure all questions are answered completely, and typed in the spaces below. All documents submitted with the original copy of the application must have original signatures. Stamped or electronic signatures will not be accepted. Previous editions of this application may not be used (4/16/03). Incomplete application or missing documentation may result in the delay of processing and/or result in denial of your application.

I. General Information

Applicant Organization's Legal Name: City of Camarillo

Applicant Agency ORI Number: C A 0.5 6 0 1

The ORI number is assigned to your agency by the FBI for purposes of UCR crime reporting. It begins with your two letter state abbreviation followed by five digits. For further clarification, please refer to the Glossary of Common Grant Terms section of the Application Instructions, page 20.

Applicant Agency EIN Number: 9 5 6 0 0 0 9 4 4

The EIN number is assigned to your agency by the Internal Revenue Service (IRS) and consists of nine digits. However, if the Office of Justice Programs has assigned your department an EIN number, please use that assigned number. Otherwise, your IRS EIN number should be used. For further clarification, please refer to the Glossary of Common Grant Terms section of the Application Instructions, page 19.

Federal Congressional District Number(s): 24

Do not substitute state or local congressional districts. If your agency spans more than one congressional district, please list all of the districts above.

Are you contracting for law enforcement services?

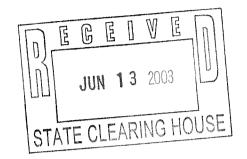
Yes I No

If "yes," the government body should be named in the Applicant Organization's

Legal Name space above. For further clarification in determining if this applies
to your agency, please refer to the Glossary of Common Grant Terms section of
the Application Instructions, page 19.

In the space below, please provide a brief description of your agency's inability to implement this project without federal assistance.

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this po	sition.	The City	of Cama	rillo e	eliminat	ed
\$300,00	O from t	ne Políce	Departm	ent's	2003-200)4
fiscal	budget∴	No new po	ositíons	were a	authoria	ed
without	revenue	s off-set.	,			
						



COPS in Schools Application Forms

II. Executive Information

The law enforcement and government executives that appear in this section must be those individuals who will have ultimate financial and programmatic authority for this grant. Typically, these are the highest-ranking officials within a jurisdiction (chief of police, sheriff, or equivalent for law enforcement executives, and muyor, city manager, or equivalent for government executives). Listing individuals without financial and programmatic authority for the grant could delay the review of your application, or remove your application from consideration.

Law Enforcement Executive's Name:
Title: Chief/Commander Agency Name: Camarillo Police Department
Address: 3701 E. Las Posas Road
Addiess. Digital Lab Losas Road
City: Camarillo State: CA Zip Code: 93010
Telephone: (805)388-5100 Fax: (805)388-5110
Email: dave.tennessen@mail.co.ventura.ca.us
Type of Police Agency:
■ Municipal □ State □ County PD
□ Sheriff* □ Tribal
☐ School* ☐ University/College* (☐ Public or ☐ Private)
☐ Public Housing* ☐ New Start-Up* (please specify):
□ Other* (please specify):
* Agency types with an asterisk next to them must complete the
additional appropriate questionnaire found in this Application Forms,
and submit it along with the application.
Government Executive's Name: Jerry Bankston
Title: City Manager
Name of Government Entity: City of Camarillo
Address: 601 Carmen Drive
City: Camarillo State: CA Zip Code: 93010
Telephone: (805)388-5306 Fax: (805)388-5318
Email: jbankston@ci.camarillo.ca.us

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	pe of Govern State		nt Entity: City	П	Town		County	
	Borough		Township				Region	
	Community				Nation		School District	
П	Village		Council				•	
O	Other (pleas	e sp	ecify):			,		
Co	ntact Inform	atio	n;					
Na	me of contact	l pei	son in your	agen	cy familiar	with t	his grant application:	
S	taphen De	Ces						
Tit	_{le:} Captai	n	- 18 K					
Tcl	ophone: (80	5)3	88-5104 _F	ax:	(805)388	-511	-0	
							ca.us	
			Nº Vale				C. Desta	
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							<u>l Union High Sc</u>	
				arn	er	Titl	e: <u>Assistant Su</u> p	erintendent
Ad	dress: <u>309</u>	<u>K.</u>	Street				and the second of the second o	
	Oxnard				CA 7		de: 9303.0	
							19 <u>9900.0</u>	
	ail: <u>jwarn</u>							
441	T there are n	nulsi	nle nartners	inve	dued in this	s nroi	lect please provide t	he

**If there are multiple partners involved in this project, please provide the information listed above for each of the partners on the attached "Additional Partner Page" included with this application. However, the legal applicant must decide on one school official to be designated for the purpose of this grant. At the present time, only one school official per grant award will be permitted to attend the CIS Training due to logistical constraints.

COPS in Schools Application Forms

At the time an application is submitted, agencies must include two separate typed documents prepared in cooperation with the partner school(s), or school district(s), involved in the program.

The first document is the Narrative Addendum that outlines the proposed project. For additional information on this requirement, please refer to page 33 of this Application Form.

The second document is the Memorandum of Understanding (MOU) form that details the roles and responsibilities of the partners involved in this project. For additional information on this requirement, please refer to page 35 of this Application Form.

In addition, the Retention Certification Form outlines your agency's plan to retain all additional officer positions awarded for at least one full local budget cycle following the expiration of COPS grant funding for each COPS-funded officer position must also be submitted. The law enforcement executive and government executive that are listed on page 4 of this Application Form must sign this form.

COPS In Schools Additional Training Condition

Signatures required

Please have the Law Enforcement Executive and one designated School Representative sign the attached COPS in Schools Training Requirement on page 9.

All agencies receiving awards through the COPS in Schools program are required to send the officer(s) deployed into the school resource officer position(s) as a result of this grant, and one individual designated as the school representative under the grant program, to one COPS in Schools Training. The COPS Office will reimburse grantees for training, per diem, travel, and lodging costs for attendance of the required participants up to a maximum of \$1,200 per person attending. Agencies that receive a COPS in Schools grant will receive additional training information following notification of the grant award. The training requirement must be completed prior to the end of the 36-months of grant funding for officer positions.

IV. Department Information:
Population served (2000 U.S. Census):* 57,077

If the population that your agency serves is not represented by U.S. Census figures (e.g., school district police departments), please indicate the size of the population served here:

Square miles covered by your agency:* 19.29

* Exclude the population and square miles primarily served by other law enforcement agencies within your jurisdiction. For example, a sheriff's department must exclude populations and areas covered by a city police department for which the sheriff's department does not have primary law enforcement authority.

Application Form

Current budgeted locally funded this application:	l sworn force strength as of the date of
The budgeted locally funded swor officers your department has funde funded vacancies. Do not includ	Part-time officers: orn force strength is the number of sworn and in its budget, including state and locally le unpaid/reserve officers, COPS-funded ally-funded retention period), or detention
Current actual locally funded swapplication;	vorn force strength as of the date of this
The actual locally funded sworn for officers employed by your departs not include vacant state or locally	Part-time officers: 0 ree strength is the actual number of sworn tent as of the date of this application. Do-funded positions, COPS-funded positions anded retention period), or unpaid/reserve
V. Officer Request Information:	
What is the total number of new requesting under this COPS in S	officer position(s) for which you are now Schools application?
Full-time: 1 Part-time	· 0
Your request should be consistent a	with your agency's law enforcement needs. n your agency can support and retain.
*Total amount of federal funds of ficer positions: \$ 125,000	requested for all full-time and part-time
Total amount of non-federal mail required): \$\(\begin{align}	atching funds required (local share,
Information Worksheets provided in	nplate the COPS in Schools 2003 Budget in these Application Forms. The maximum officer position is \$125,000 (pages 19-31).

* To answer these questions, complete the COPS in Schools 2003 Budget Information Worksheets provided in these Application Forms. The maximum amount of funding available per officer position is \$125,000 (pages 19-31). The difference between \$125,000 and the agency's total cost per officer position is the agency's local match. Please note the attached budget worksheets are to be completed for one officer; as a result, please remember to multiply by the total number of officers requested.

COPS in Schools Application Forms

I understand that prior to any grant award, the applicant must comply with all application and program requirements of the Public Safety Partnership and Community Policing Act of 1994 and other requirements of federal law. In addition, my signature certifies that this application requests funding only for positions that would not be otherwise funded in my agency's budget with state, local or Bureau of Indian Affairs funds.

By signing below, I certify that the information provided on this form and the attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS grants may result in fines, imprisonment, debarment from participating in federal grants or contracts, and/or any other remedy available by law to the Federal government.

Law Enforcement Executive's Signature: Date: 6-12-03 (Signature of person named in Section II of this form) Government Executive's Signature: School Official's Signature: Date: (Signature of person named under Section III "Partner Information" as the designated

School Representative for this grant program and the required training.)

Please return one original and two copies of all application materials. Please be sure to include all forms as outlined in the CIS 2003 Application Checklist and any additional information necessary to complete this request for grant funding. Completed application forms should be mailed to:

COPS in Schools Control Desk U.S. Department of Justice, COPS Office 1100 Vermont Avenue, N.W. 7th floor Washington, D.C. 20530 (please use 20005 zip code for overnight mail)

Note: Original signatures are required on the original application to process all funding requests. Faxed copies will NOT be accepted. Applications postmarked after the final application deadline date will not be considered.

Please be advised that a hold may be placed on this application if it is deemed that the applicant agency is not in compliance with federal civil rights laws and/or is not cooperating with an ongoing federal civil rights investigation.

OMB Approval Number: 1103-0027

Please ensure all questions are answered completely, and typed in the spaces below. All documents submitted with the original copy of the application must have original signatures. Stamped or electronic signatures will not be accepted. Previous editions of this application may not be used (4/16/03). Incomplete application or missing documentation may result in the delay of processing and/or result in denial of your application.

I. General Information

City of Ontario Applicant Organization's Legal Name:

Applicant Agency ORI Number: C A 0 3 6 0 7

The ORI number is assigned to your agency by the FBI for purposes of UCR crime reporting. It begins with your two letter state abbreviation followed by five digits. For further clarification, please refer to the Glossary of Common Grant Terms section of the Application Instructions, page 20.

Applicant Agency EIN Number: 9 5 6 0 0 0 7 5 5

The EIN number is assigned to your agency by the Internal Revenue Service (IRS) and consists of nine digits. However, if the Office of Justice Programs has assigned your department an EIN number, please use that assigned number. Otherwise, your IRS EIN number should be used. For further clarification, please refer to the Glossary of Common Grant Terms section of the Application Instructions, page 19.

Federal Congressional District Number(s):___

Do not substitute state or local congressional districts. If your agency spans more than one congressional district, please list all of the districts above.

Are you contracting for law enforcement services? O Yes O No If "yes," the government body should be named in the Applicant Organization's Legal Name space above. For further clarification in determining if this applies to your agency, please refer to the Glossary of Common Grant Terms section of the Application Instructions, page 19.

In the space below, please provide a brief description of your agency's inability to implement this project without federal assistance.

California is currently experiencing a budget deficit of over \$34 billion. The City of Ontario has estimated its impact between \$2.6 and \$3.3 million annually. Ontario's recent acquisition of 13 square miles of agricultural land, currently being developed for residential use, creates a unique situation in providing the required level of service for this area. The imminent population growth, coupled with the anticipated budgetary reductions, indicates an inability to fund new sworn positions at this time.



II. Executive Information

The law enforcement and government executives that appear in this section must be those individuals who will have ultimate financial and programmatic authority for this grant. Typically, these are the highest-ranking officials within a jurisdiction (chief of police, sheriff, or equivalent for law enforcement executives, and mayor, city manager, or equivalent for government executives). Listing individuals without financial and programmatic authority for the grant could delay the review of your application, or remove your application from consideration.

Law Enforcement Exec	cutive's Name: L	loyd Schart Ontario Police Depa	artme
		ne: Ontario Police Depa	
Address: 200 North	Cherry Aven	ue	
City: Ontario	State: CA	Zip Code: 91764	
Telephone: 909-395	-2090	Fax: 909-395-2709	
-		org	
Type of Police Agency:		□ County PD	
Municipal Sheriff*	☐ State ☐ Tribal	Li County FD	
		llege* (Public or Private)	
☐ Public Housing*	□ New Start-Up	* (please specify):	_
Other* (please specifi	y);		
* Agency types with an	asterisk next to t	hem must complete the	
additional appropriat	te questionnaire f	ound in this Application Forms	,
and submit it along v	vith the application	on.	
		D	
		ory Devereaux	_
Tide: City Manage	<u>r</u>		
Name of Government E	ntity: City of	Ontario	
Address: 303 East			
Address			-
City Ontario	State: CA	Zip Code: 91764	-
		Fax: 909-395-2189	
- 1 DOD 20E	2200	T 000 70k 7190	

4

Type of Government Entity: State
Contact Information:
Name of contact person in your agency familiar with this grant application: Stacy Osborne
Title: Police Grants Coordinator
Telephone: 909-395-2092 Fax: 909-395-2899
Email: sosborne@ontariopolice.org
III. Partner Information
Under the COPS in Schools grant program, applicants must enter into a partnership agreement with an official for a specific school or school district with general educational oversight authority within that jurisdiction. Please note, you must designate one school official as the school representative under the grant program.** In the space below, please provide the information for the individual who will be responsible for ensuring that the appropriate school official attends the mandatory COPS in Schools Training. If the proposed project affects an entire school district, then the official with general educational oversight over the entire school district should complete the information below. In addition, this individual will be required to sign the attached COPS in Schools Training Requirement.
Name of Partner Agency or School District: Chaffey Joint Union High School District
School Official Name: Barry Cadwallader Title: Superintendent
Address: 211 West 5th Street
City: Ontario State: CA Zip Code: 91762 Telephone: 909-988-8511 Fax: 909-467-5177 Email: Barry_Cadwallader@cjuhsd.kl2.ca.us **If there are multiple partners involved in this project, please provide the information listed above for each of the partners on the attached "Additional Partner Page" included with this application. However, the legal applicant must decide on one school official to be designated for the purpose of this grant. At the present time, only one school official per grant award will be permitted to attend

At the time an application is submitted, agencies must include two separate typed documents prepared in cooperation with the partner school(s), or school district(s), involved in the program.

The first document is the Narrative Addendum that outlines the proposed project. For additional information on this requirement, please refer to page 33 of this Application Form.

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In addition, the Retention Certification Form outlines your agency's plan to retain all additional officer positions awarded for at least one full local budget cycle following the expiration of COPS grant funding for each COPS-funded officer position must also be submitted. The law enforcement executive and government executive that are listed on page 4 of this Application Form must sign this form.

COPS In Schools Additional Training Condition

Signatures required

Please have the Law Enforcement Executive <u>and</u> one designated School Representative sign the attached COPS in Schools Training Requirement on page 9.

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IV. Department Information: Population served (2000 U.S. Census):*	158,007
If the population that your agency serves is figures (e.g., school district police departm the population served here:	not represented by U.S. Census ents), please indicate the size of
C	50 square miles

* Exclude the population and square miles primarily served by other law enforcement agencies within your jurisdiction. For example, a sheriff's department must exclude populations and areas covered by a city police department for which the sheriff's department does not have primary law enforcement authority.

Current budgeted locally funded sw	orn force strength as of the date of
Full-time officers: 222 The budgeted locally funded sworn for officers your department has funded in funded vacancies. Do not include upositions (unless they are in the locally staff.	orce strength is the number of sworn its budget, including state and locally inpaid/reserve officers, COPS-funded
Current actual locally funded sworn application:	force strength as of the date of this
Full-time officers: 218 The actual locally funded sworn force sofficers employed by your department not include vacant state or locally-funded positions.	strength is the actual number of sworn as of the date of this application. Do led positions, COPS-funded positions
V. Officer Request Information:	
What is the total number of new offic requesting under this COPS in School	
Full-time: 1 Part-time:	0
Your request should be consistent with Do not request more positions than you	your agency's law enforcement needs.
*Total amount of federal funds requorificer positions: § 125,000	ested for all full-time and part-time
* <u>Total</u> amount of <u>non</u> -federal matchi if required): \$_75,761	ing funds required (local share,
* To answer these questions, complete Information Worksheets provided in the amount of funding available per office. The difference between \$125,000 and position is the agency's local match worksheets are to be completed for one to multiply by the total number of office.	ese Application Forms. The maximum r position is \$125,000 (pages 19-31). If the agency's total cost per officer is. Please note the attached budget to officer; as a result, please remember

I understand that prior to any grant award, the applicant must comply with all application and program requirements of the Public Safety Partnership and Community Policing Act of 1994 and other requirements of federal law. In addition, my signature certifies that this application requests funding only for positions that would not be otherwise funded in my agency's budget with state, local or Bureau of Indian Affairs funds.

By signing below, I certify that the information provided on this form and the attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS grants may result in fines, imprisonment, debarment from participating in federal grants or contracts, and/or any other remedy available by law to the Federal government.

Law Enfarcement Executive's Signature:

(Signature of person named in Section II of this form

Date: 6/12/03

Government Executive's Signature:

(Signature of this form

Date: 6/12/03

School Official's Signature:

Sany W Carlovelline

Date: 6/12/03

(Signature of person named under Section III "Partner Information" as the designated School Representative for this grant program and the required training.)

Please return one original and two copies of all application materials. Please be sure to include all forms as outlined in the CIS 2003 Application Checklist and any additional information necessary to complete this request for grant funding. Completed application forms should be mailed to:

COPS in Schools Control Desk
U.S. Department of Justice, COPS Office
1100 Vermont Avenue, N.W.
7th floor
Washington, D.C. 20530 (please use 20005 zin code for

Washington, D.C. 20530 (please use 20005 zip code for overnight mail)

Note: Original signatures are required on the original application to process all funding requests. Faxed copies will <u>NOT</u> be accepted. Applications postmarked after the final application deadline date will not be considered.

Please be advised that a hold may be placed on this application if it is deemed that the applicant agency is not in compliance with federal civil rights laws and/or is not cooperating with an ongoing federal civil rights investigation.

OMB Approval Number: 1103-0027

APPLICATION FOR				OMB Ap	proval No. 0348-004
FEDERAL ASSISTA	NCE	2. DATE SUBMITTED May 28	3, 2003	Applicant Identifier	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier	
Application	Preapplication				
Construction Non-Construction	Construction Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION	1.1-1				
Legal Name:			Organizational Unit:		_
Long Beach Com		e District		& Resource Deve	
Address (give city, county, State, 4901. E. Carson Long Beach, CA 6. EMPLOYER IDENTIFICATION	n Street 90808	EGEIVI JUN 13 2003	this application (give all	number of person to be contacted rea code) ii Sloan, 562/93 INT: (enter appropriate letter in b	8-5004
95-2654	1 4 0	JUN 1 - 2001		H. Jadanandant Cahani Dint	T_
8. TYPE OF APPLICATION:			A. State . B. County	H. Independent School Dist.I. State Controlled Institution of	Higher Learning
XX New	☐ Continuation A	TE CLEENSRING !	C Municipal	J. Private University	rugher Leanning
121 New	Couring foul W	L. M. Verision	D. Township	K. Indian Tribe	
If Revision, enter appropriate lette	er(s) in box(es)		E. Interstate	L. Individual	
		4 Immur	F. Intermunicipal	M. Profit Organization	
	rease Award C. Increase	e Duration	G. Special District	N. Other (Specify)	
D. Decrease Duration Other(s	specny):		9. NAME OF FEDERA	I AGENCY:	
			i	iness Administra	ation
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE NI	IMBER:	11 DESCRIPTIVE TIT	LE OF APPLICANT'S PROJEC	·T·
	_	5 9 _ 0 3 7			
			ì	siness Developm	ent
	usiness Devel		4	Lead Center)	•
12. AREAS AFFECTED BY PRO	JECT (Cities, Counties, Sta	ites, etc.):	LLos Angele	es District Office	
Los Angeles & V Santa Barbara	Ventura Count	ies			
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF:			
	23,24,26,27	,28,29,30,31	, 32, 33, 34, 3	35,36,37,53	
1 - 1	a. Applicant		b. Project		
1/1/04 12/31/04 15. ESTIMATED FUNDING:	Long Beach C	ity College		iness Developme	
13. ESTIMATED FUNDING:	5,841,245		1	SUBJECT TO REVIEW BY STA	HE EXECUTIVE
a. Federal		æ	ORDER 12372 PR	UCESS?	
a. / 505/ci	s 2,743,972	•	a. YES. THIS PREA	PPLICATION/APPLICATION W	AS MADE
b. Applicant	1,048,646	æ.	AVAILABLE	TO THE STATE EXECUTIVE OF REVIEW ON:	
c. State	\$ 0	.∞	1	ay 28,03	
d. Local	\$.30			
	0		b. No. PROGRA	M IS NOT COVERED BY E. O.	12372
e. Other	\$ 0.0496697	, oc	OR PROG	GRAM HAS NOT BEEN SELECT	ED BY STATE
	2,0486627		FOR REV	IEW	
f. Program Income	\$ 48,000	·œ	47 IC TUE 40011011	IT DOLLAR COLUMN	COAL DESTA
g. TOTAL Includes f.	\$ 5,889,245		1	IT DELINQUENT ON ANY FED! attach an explanation.	ERAL DEBT?

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE

ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
Type Name of Authorized Representative b. Title c. Telephone Number				
E. Jan Kehoe	Superintendent-Presider	t 562/938-4121		
. Signature of Authorized Recorescritative e. Date Signed				

Authorized for Local Reproduction

May 28, 2003 Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

903,231

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE

General Manager

Previous Edition Usable Authorized for Local Reproduction

John H. Hart, Sr.

a. Type Name of Authorized Representative

d. Signature of Authorized Representative

ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

c. Telephone Number (919) 428-6916

une 4,2003

e. Date Signed

ISE

APPLICATION FOR

OMB Approval No. 0348-0043

FEDERAL ASSISTA	NCE	2. DATE SUBMITTED		Applicant Identifi	ier
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	Y STATE	State Application	n Identifier
Application Construction	Preapplication Construction	4. DATE RECEIVED B	FEDERAL AGENCY	Federal Identifier	-
Non-Construction	Non-Construction	THE NEGLIVED B	TEDENAL AGENCY	r ederal identifier	
5. APPLICANT INFORMATION					
Legal Name:	West Distr	भेदी	Organizational Unit:		
Address (give city, county, State	4NSEVS F	人	Name and telephone of this application (give a 7. TYPE OF APPLICA	rea code)	to be contacted on matters involving 29382-0754 X//
77-0576	राम् ।				Til.
8. TYPE OF APPLICATION:			B. County	H_Independent S I. State Controlle	d Institution of Higher Learning
Nev	v	Revision	C. Municipal	J. Private Univers	•
			D. Township	K. Indian Tribe	
If Revision, enter appropriate lett	er(s) in box(es)		E. Interstate F. Intermunicipal	L. IndividualM. Profit Organiz	ration
A. Increase Award B. Dec	rease Award C. Increase	Duration	G. Special District	N. Other (Specify	
D. Decrease Duration Other(specify):				
			9. NAME OF FEDERA	L AGENCY:	
			1 USDA-	PRICA	1 DEEDMENT
10. CATALOG OF FEDERAL DO	OMESTIC ASSISTANCE NU	MBER:	11. DESCRIPTIVE TIT		NT'S PROJECT:
		10-744	1 /3 .		. 6
TITLE:			- 2 NOCH	ことが	OMEN'T
12. AREAS AFFECTED BY PRO	DJECT (Cities, Counties, Stat	tes etc.):			
Parada	Shoult	4,			
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS		42/074		JUN 1 2 2003
Start Date Ending Date	a. Applicant	F	b. Project	15	STATE CLEARING HOUSE
15. ESTIMATED FUNDING:			16. IS APPLICATION ORDER 12372 PR		VIEW BY STATE EXECUTIVE
a. Federal	\$ -20- 555	.00	ORDER 123/2 PR	OCESS?	
h. A a dia a d	(1.00, CC).	(-(-	1		PLICATION WAS MADE
b. Applicant	\$ 11.6.67			FOR REVIEW ON	EXECUTIVE ORDER 12372 I:
c. State	\$.00	DATE	9/11/03	
d. Local	\$.00	b No T PROGRA	M IS NOT COVE	RED BY E. O. 12372
e. Other	\$.00		RAM HAS NOT E	BEEN SELECTED BY STATE
f. Program Income	\$,00			
g. TOTAL	Φ .	_00	17. IS THE APPLICAN	IT DELINQUENT	ON ANY FEDERAL DEBT?
g. TOTAL	. TOTAL Support Suppor			ition. No	
L.	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE				,
ATTACHED ASSURANCES IF	THE ASSISTANCE IS AWAR		i #		
a. Type Name of Authorized Rep	,i	b.Fittle	and and	c. Telephone Nur	7 120 120 1
d. Signature of Authorized Repre	sentative	-SADEL LON	これにつ	e. Date Signed	702-0124
o. Signature of Guillorized Keple				e. Date Signed (2 − (f − (03

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APPLICATION FOR 2. DATE SUBMITTED Applicant Identifier FEDERAL ASSISTANCE May 28, 2003 3. DATE RECEIVED BY STATE 1 TYPE OF SUBMISSION: State Application Identifier Application Preapplication Construction Construction 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier Non-Construction Non-Construction 5. APPLICANT INFORMATION Organizational Unit Legal Name: Long Beach Community College District Economic & Resource Development Address (give city, county, State, and zip code): Name and telephone number of person to be contacted on matters involving this application (give area code) 4901. E. Carson Street Ms. Sheneui Sloan, 562/938-5004 Long Beach, CA 90808 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 7. TYPE OF APPLICANT: (enter appropriate letter in box) 9 5 - 2 6 5 4 1 4 0 A. State H. Independent School Dist. 8. TYPE OF APPLICATION: B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University Revision XX New Continuation D. Township K. Indian Tribe E. Interstate L. Individual If Revision, enter appropriate letter(s) in box(es) F. Intermunicipal M. Profit Organization A. Increase Award B. Decrease Award C. Increase Duration G. Special District N. Other (Specify) D. Decrease Duration Other(specify): 9. NAME OF FEDERAL AGENCY: Small Business Administration 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 5 9 _ 0 3 7 Small Business Development TITLE: Small Business Development Cntr. Center (Lead Center) 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Los Angeles District Office Los Angeles & Ventura Counties Santa Barbara 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: 23.24.26.27.28.29.30.31 32, 33, 34, 35, 36. Start Date Ending Date a. Applicant b. Project Small Business Development Center 12/31/03 Long Beach City College 7/1/03 15. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE \$3,030,487 ORDER 12372 PROCESS? x a. Federal \$ 1,372,060 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE ŭ b. Applicant \$ AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 633,480 PROCESS FOR REVIEW ON: 'n c. State \$ DATE May 28,03 0 œ d. Local S 0 b. No. | PROGRAM IS NOT COVERED BY E. O. 12372 00 e. Other \$ OR PROGRAM HAS NOT BEEN SELECTED BY STATE 1,024,947 FOR REVIEW 00 f. Program Income \$

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE

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3,053,287

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ATTACHED ASSURANCES IF THE ASSISTANCE IS A	AWARDED.	
. Type Name of Authorized Representative	b. Title	c. Telephone Number
E. Jan Kehoe	Superintendent-Preside	ht 562/938-4121

d. Signature of Authorized Representative

g. TOTAL

Includeds f.

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2003

No.

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

e. Date Signed

May 28,

Yes if "Yes," attach an explanation.

DOT

FTA

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

Recipient ID:	5566
Recipient Name:	LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY
Project ID:	CA-03-0539-03
Budget Number:	4 - Budget Pending Approval
Project Information:	Bus Acquisition - earmark

Part 1: Recipient Information

Project Number:	CA-03-0539-03	
Recipient ID:	5566	
Recipient Name:	LOS ANGELES COUNTY METROPOLIT	TAN TRANSPORTATION AUTHORITY
Address:	ONE GATEWAY PLAZA , LOS ANGELE	S, CA 90012 2932
Telephone:	(213) 922-2459	PROSECT AND THE ARTHUR AND THE ARTHU
Facsimile:	(213) 922-2476	I HECEVED I

JUN 1 2 2003

STATE CLEARING HOUSE

Part 2: Project Information

166

Program Page:

Project Type: Project Number: Project Description: Recipient Type: FTA Project Mgr: Recipient Contact: New/Amendment: Amend Reason:	Grant CA-03-0539-03 Bus Acquisition - earmark Transit Authority Ray Tellis Gladys Loweemail: Loweg@MTA Amendment Increase Award	.net	Gross Project Cost: Adjustment Amt: Total Eligible Cost: Total FTA Amt: Total State Amt: Total Local Amt: Other Federal Amt: Special Cond Amt:	\$5,937,252 \$0 \$5,937,252 \$4,927,919 \$0 \$1,009,333 \$0 \$0
Fed Dom Asst. #: Sec. of Statute:	20500 5309		Special Condition: Specified	None
State Appl. ID: Start/End Date:	None Specified Apr. 04, 2003 - Jun. 30, 2006		S.C. Tgt. Date: Specified	None
Recvd. By State: EO 12372 Rev:	YES		S.C. Eff. Date: Specified	None
Review Date: Planning Grant?:	Jun. 30, 2003 NO		Est. Oblig Date: Specified	None
Program Date (STIP 04, 2002	/UPWP/FTA Prm Plan) : C	Oct.	Pre-Award Authority?: Fed. Debt Authority?:	

Final Budget?:

No

Application Type:

Electronic

Supp. Agreement?: No Debt. Deling. Details:

Urbanized Areas

UZA ID	UZA Name
60020	LOS ANGELESLONG BEACHSANTA
The state of the s	ANA, CA

Congressional Districts

State ID	District Code	District Official
6	24	Elton Gallegly
6	25	Howard P McKeon
6	26	David Dreier
6	27	Brad Sherman
6	28	Howard L Berman
6	29	Adam B Schiff
6	30	Henry A Waxman
6	31	Xavier Becerra
6	32	Hilda L Solis
6	33	Diane E Watson
6	34	Lucille Roybal-Allard
6	35	Maxine Waters
6	36	Jane Harman
6	37	Juanita Millender-McDon
6	38	Grace F Napolitano
6	39	Linda T Sanchez
6	41	Jerry Lewis

Project Details

AMENDMENT NO. 3

The Los Angeles County Metropolitan Transportation Authority (MTA), hereby submits a grant amendment application CA-03-0539-03 for \$4,927,919 of FY 03 Section 5309 bus capital funds from the Federal Transit Administration (FTA). The federal funds will be matched with \$1,009,333 in Lease Back Revenues. The total amount of this application is \$5,937,252. The federal funds of \$3,442,875 for MTA became available in the FY03 Congressional Earmarks of Section 5309 bus capital funds. The additional \$1,485,044 is part of Pasadena Metro Blue Line Construction Authority (PMBLCA)s' share of FY03 Section 5309 Congressional Earmarks, which was swapped with an equal amount of MTA's local funds. The funds will be used for routine replacement of equipment. The MTA plans to acquire 200 60-foot articulated, low-floor, CNG-powered, 60-passenger buses to replace 200 buses that had met or exceeded the useful life. The replaced buses will be disposed of in accordance with FTA disposition guidelines.

We have submitted a copy of this application to the State Office of Planning and Research for their review.

This project was included in the fiscal year 2002 Federal Transportation Improvement Program approved on October 4, 2002.

The Southern California Association of Governments has concurred that the projects met the public notification process and that the funds are programmed in the approved Federal Transit Improvement projects (FTIP).

The MTA received a Letter of No Prejudice from the FTA dated October 3, 2000, that allows the MTA to proceed with the bus purchase prior to grant award, thus retaining the project's eligibility for FTA grant funds.

The required FY 2003 FTA Assurances and Certifications were filed electronically in TEAM on December 18, 2002.

There are no pending Civil Rights issues affecting this grant application.

At the time of this application, the State of California was in the process of establishing new Congressional Districts based on the results of the 2000 Census.

Through this process, the Los Angeles County is slated to gain an additional Congressional District, and all existing Districts will more than likely be re-numbered. Based on the proposed distribution, here are the Congressional Districts identified for the application: 25-31,33-35,37-

Should you have any questions regarding this grant application, please call Gladys Lowe at (213) 922-2459, via fax at 213-922-2476, or via email at Loweg@mta.net.

All DOL checklist requirements have been addressed.

39,46.

APPLICATION FOR				OMB Ap	proval No. 0348-0043
FEDERAL ASSISTA	NCE	2. DATE SUBMITTED		Applicant Identifier	
		June 11, 2	003		
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier	
Application	Preapplication				
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
X Non-Construction 5. APPLICANT INFORMATION	Non-Construction				
Legal Name:			Organizational Unit:		
City of Davis			1 -	lce Department	
Address (give city, county, State	and zio codel:			number of person to be contacted	d on mallow lavables
23 Russell Blvd	, 2 2.7 0000)1		this application (give a		a ou manera moolomia
Davis, CA 95621			1	, , , , , , , , , , , , , , , , , , ,	1
<u> </u>		_	DULL HAWER	norne, (530)7 57-5 69	Τ .
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		7. TYPE OF APPLICA	ANT: (enter appropriate letter in b	ox)
9.5 6. 0.00	3 1 0				[C]
			A. State	H. Independent School Dist.	
8. TYPE OF APPLICATION:			B. County	I. State Controlled Institution of	Higher Loaming
	v 🔲 Continuation	Revision	C. Municipal	J. Private University	
If Revision, enter appropriate lett	er(s) in hor(es)		D. Township E. Interstate	K, Indian Tribe L. Individual	
	, and the second		F. Intermunicipal	M. Profit Organization	
A. Increase Award B. Dec	rease Award 🥏 Ç. Increase	Duration	G. Special District	N. Other (Specify)	
D. Decreaso Duration Other(And the Control of th
	illa v		9. NAME OF FEDERA	AL AGENCY:	
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		STATE OF THE PROPERTY OF THE P	J. S. Dopa.	remember of odserce	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE NU	MBERIOUSE	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJECTOOL Resource Police	T;
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Public Sa	•			two Junior High Sch	
	Policing Grants			High School in the	Davis Joint
12. AREAS AFFECTED BY PRO			Unified Sch	ool District.	
City of Davis, Da District	ivis Joint Unifie	d School			
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	TDICTE OF.			
13.1 KOT BSED I KOSECT	14. CONGRESSIONAL DIS	FIRICIS OF:			
Start Date Ending Date	a. Applicant		b, Project		
7/1/03 6/30/06	District Cali	fornia	! •	of California	
15. ESTIMATED FUNDING:	, DAGGILLOU I GHILI	TOTILA	16. IS APPLICATION	SUBJECT TO REVIEW BY STA	TE EXECUTIVE
			ORDER 12372 PR		
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b. Applicant	\$,00		TO THE STATE EXECUTIVE O	
			PROCESS	FOR REVIEW ON:	
c. State	\$	'			
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f. Program Income	\$	oc oc			
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g, TOTAL	\$	up	ì	ittach an explanation.	
	248,302				€ No
18. TO THE BEST OF MY KNOW	VLEDGE AND BELIEF, ALL	DATA IN THIS APPLIC	ATION/PREAPPLICAT	ION ARE TRUE AND CORRECT	T, THE
DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE GOV	VERNING BODY OF THE	E APPLICANT AND TH	IE APPLICANT WILL COMPLY	WITH THE
a. Type Name of Authorized Repr				I. Talashaa Al	
Jim Aptonen	/	b. Title City Manas		c. Telephone Number 530-757-5602	
d. Signature of Julhorized Repres	sentalive /	OLCY HAHLA		6. Date Signed / /- /	
Chan h.		_		6/12/ C	93
Provious Edition Usable				Standard Form 424 (F	Rev. 7-97)
Authorized for Local Reproduction	n			Prescribed by OMB Ci	

Jun-13-2003 11:0	4am From-TOWN	OF APPLE .EY	7609616241 T-860	P.002/002 F-438
			2. DATE SUBMITTED	Applicant Identifier
APPLICATION			6/13/2003	
FEDERAL A	\$\$1\$1ANCI		ALL DAY OF A PARTY AND	State Application Identifier
1. TYPE OF SUBMISSI	ON		3. DATE RECEIVED BY STATE	State Approximation
Application Construction		Preapplication Construction Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
Non-Construction APPLICANT INFOR	MATION			
Legal Name: Town			Organizational Unit: Public Services	· · · · · · · · · · · · · · · · · · ·
Address (give city, coun- 14955 Dale Evar Apple Valley, CA	ns Parkway		Name and telephone number of the person to be application (give area code) Gina M. Whiteside, Project Manager Dennis Cron, Public Services Manager	(760) 240-7000 Ext. 7060
If Revision, enter appro A. Increase C. Increase	TION: Continuation	(cs): D D P L Object (1911)	TYPE OF APPLICANT: (enter appropriate of the first of the	ent Scribot Unstitution of Higher Learning inversity libe
Other Spec	uly:		9. NAME OF FEDERAL AGENCY: Environ	mental Protection Agency
No. of the Control of	-		11. DESCRIPTIVE TITLE OF APPLICA	
10. CATALOG OF FE	derai. Tance number: 66	6-606	Planning and design of a sew	
DOMESTIC ASSISTANCE NUMBER: 66-606 TITLE: Surveys, Studies, Investigations and Special Purpose Grants			reclamation facility (STWR)	
12. AREAS AFFECTE Apple Valley	D BY PROJECT (cities	s, counties, states, etc.):		
13. PROPOSED PRO	JECT:	14. CONCRESSIONAL DISTRICT OF:		
Surt Date 10/1/2002	End Date 1/31/2004	a. Applicant:	40th	b. Project 40th
15. Estimated Fundir	ng:		16. IS APPLICATION SUBJECT TO R ORDER 12372 PROCESS?	eview by state executive
a. Federal		\$ 485,000.00	TOTAL COME DOES BUT ICATION/AI	PPLICATION WAS MADE AVAILABLE DER 12372 PROCESSES FOR REVIEW
b. Applicant		\$ 1,404,000.00	ON:	DER 123/21/10 DEC
c. State		\$	DATE <u>6/13/2003</u>	
d. Local		\$ \$	b. NO. PROGRAM IS NOT COVERED	BY E.O. 12372
c. Other		7	OR PROGRAM HAS NOT BEE	N SELECTED BY STATE FOR REVIES
f. Program (ncome		\$	17. IS THE APPLICANT DELINQUENT ON	
g, TOTAL		\$ 1,890,000.00		□ No
BEEN D	BEST OF MY KNOW ULY AUTHORIZED F ASSISTANCE IS AWAI	IA THE COAFRUING BODY OF THE VILLE	APPLICATION/PREAPPLICATION ARE TRUE A ICANT AND THE APPLICANT WILL COMPLY V	
The state of the s		ivc. Bruce Williams	b. Title: Town Manager	c. Telephone Number (760) 240-7000 Ext. 705
d. Signature of Aut	norized Representative			e. Date Signed June 13, 2003
Previous Editions Not Usuble	MALL			Standard Form 4240 (REV 4- Prescribed by OMB Gircular A-

PPLICATION FOR EDERAL ASSISTAN	ICE	2. DATE SUBMITTED		Applicant Identifier R9 tracking #(3.29
TYPE OF SUBMISSION:		S. DATE RECEIVED BY	STATE	State Application Identifier	
	Preapplication Construction Non-Construction	4. DATE RECEIVED BY	PEDERAL AGENCY	Federal Identifier	
APPLICANT INFORMATION			Organizational Unit:		
agal Name: PANDY	L. BREAL	ULT.	Pepartment	of Public Works	
durens (give city, county, State,				number of person to be contacted an	ni enemenn
50 PARK PLACE			this application (give a	,	
BRISBANE, CA 94	1005 SANFOR	TE PVEL		Fabry (115) SOB-	2139
TYPE OF APPLICATION:	13 6 7 JU	N 13 2002	A State B. County C. Municipal D. Township	ANT: (enter appropriate litter in box) H. Independent School Dist. I. State Controlled Institution of High J. Private University K. Indian Tribe	C nor Learnin
Revision, enter appropriate lat	1er(a) In box(68)	EEAMNG HOUS	E. Interstate	L. Individual	
		ace Duration	F. Intermunicipal G. Special District	M. Profit Organization N. Other (Specify)	
I'd Maracaba / marr	crease Aweiti C. Incres (specify):	THE CHINADO.			
D. Daciente Daiston - Daven			9. NAME OF FEDER		•
		· · ·	10.5. 6	invironmental Protect	ion Ay
Surveys, Studies, I and Special Purpo TITLE: 12. AREAS AFFECTED BY PR City of Brish	ose Grants Ovect (Cities, Counties,	Slatos, etc.):	hydraulically a lines through rehabilitation deteriorated	ipsize eight (8) sections and structurally deficient pipe burshing technology of twenty-one (21) munholes in-place.	+ seu
13. PROPOSED PROJECT	14. CONGRESSIONAL	DISTRICTS OF:	•		*
- Cardon Data	a. Applicant	,	b. Project		
Start Date Ending Date			12		
15. ESTIMATED FUNDING:			16, IS APPLICATIO ORDER 12972	N SUBJECT TO REVIEW BY STATE PROCESS?	EXECU
a. Foderal	\$ 43	33,700		EAPPLICATION/APPLICATION WAS	
b. Applicant		80,312		LE TO THE STATE EXECUTIVE OR IS FOR REVIEW ON:	DER 1237
c. State	\$	00	DATE (0/13/03	•
d. Local	\$	95	6. No. PROG	RAM IS NOT COVERED BY E. O. 12	372
e. Other	\$.	.80	OR PA	ogram has not been selected Eview	D BY STA
		60		ba V šha TV	,
re manual Language	\$ =	-	17. IS THE APPLIC	ANT DELINQUENT ON ANY PEDER	
I. Program income	•				DA No

ATTACHED ASSURANCES IF THE ASSISTANCE

a. Typo Name of Authorized Representative L, BREAULT RANDY d. Signature of Aythorized Representative

b. Tille Public Works Director

o. Telephone Number (415) 509 - 213 e. Date Signed

6/12/03

Standard Form 424 (Rev. 7-87) Prescribed by OMB Circular A-102

Previous Edition Usable Authorized for Local Flaproduction

Jun 12 2003 F ::949-644-3794 3:09

APPLICATION FOR				OMB App	proval No. 0348-0043
FEDERAL ASSISTA	NCE	2. DATE SUBMITTED June 12	, 2003	Applicant Identifier CA03014	4 400202
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier	MA Paridoo P
Application Construction	Preapplication Construction		PEDEDAL ADELIAY	F**11 1.1 4/21	
Non-Construction	Non-Construction	4. DATE RECEIVED BY	PEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION	1 Non Constitution				
Legal Name: Newport Beach Police	ce Department		Organizational Unit: City of Newpo	rt Beach	age(s). (2)
Address (give city, county, State	and zip code):	G E I V E		umber of person to be contacted	i on matters involving
870 Santa Barbara D	Prive	O G U V L	this application (give ar	es code) nisey, 949-644-3720	
Newport Beach, CA	92660				
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN)	JUN 12 2003	7. TYPE OF APPLICA	NT: (entor appropriate letter in b	
95-6000	7 5 1		A. State	H. Independent School Dist.	C
B. TYPE OF APPLICATION:	STATE	MEADING HOL	4 3	I. State Controlled institution of	Higher Learning
☑ Nev	00000	UL THEVISION HOL	O Municipal	J. Private University	
			'	K. Indian Tribe	
If Revision, enter appropriate let	ter(s) in box(es)		E. Interstate F. Intermunicipal	L. Individual M. Profit Organization	
A. Increase Award B. Dec	crease Award C. Increase	Duration	1	N. Other (Specify)	
D. Decrease Duration Other					10000
			9. NAME OF FEDERAL AGENCY:		
			U.S. Department		Section 1.
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE NL		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:		
		1 6 — 7 1 0	COPS Homeland Security Overtime Program (HSOP)		
TITLE: COPS - HS	OP 2003 Grant		2003 Grant		
12. AREAS AFFECTED BY PR	OJECT (Citles, Countles, Sta	tes, etc.):			
City of Newport Beach					
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF:			
Start Date Ending Date	a. Applicant		b. Project		
1/1/04 12/31/04	Distric	t 47		District 47	
15. ESTIMATED FUNDING:			16. IS APPLICATION : ORDER 12372 PR	SUBJECT TO REVIEW BY STA OCESS?	TE EXECUTIVE
a. Federal	\$	99,650		PPLICATION/APPLICATION W	,
b. Applicant	\$	39,217		TO THE STATE EXECUTIVE C FOR REVIEW ON:	DROER 12372
c. State	\$		DATE06/12/03		
d. Local	\$,00	b. No. PROGRA	M IS NOT COVERED BY E. O.	12372
e. Other	\$	OR PROGRAM HAS NOT BEEN SELECTION		ED BY STATE	
f. Program Income	\$,oa	17. IS THE APPLICAN	IT DELINQUENT ON ANY FED	ERAL DEBT?
g. TOTAL	\$	132,867 ^{°°}		attach an explanation.	₩ No
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY					· .
ATTACHED ASSURANCES IF					
Type Name of Authorized Rep Bob McDonell	presemative	b. Title Chief of Police		c. Telephone Number (949) 644-3701	
d. Signature of Authorized Representation	mentative Manual			e. Date Signed	

Application for Federal Assistance

U.S. Department of Housing and Urban Development

OMB Approval No.2501-0017 (exp. 03/31/2005)

Type of Submission	2. Date Submitted 06/13/2003	4. HUD Application Number	
X Application Preapplication	3. Date and Time Received by HUD	5. Existing Grant Number	
		6. Applicant Identification Number	
7. Applicant's Legal Name Christian Church Homes	8. Organizational Unit	Development	
9. Address (give city, county, State, and zip code) A. Address: 303 Hegenberger Road, Suite 2017 E B. City: Oakland C. County: Alameda D. State: CA E. Zip Code: 94621-1419		er,fax number, and e-mail of the person to be his application (including area codes)	
11. Employer Identification Number (EIN) or SSN CLEAR!	NG HOUTSpe of Applicant (enter appr	propriate letter in box) N	
94-6077407	A State	I. University or College	
	B. County	J. Indian Tribe	
13. Type of Application	C. Municipal	K. Tribally Designated Housing Entity (T	DHE)
X New Continuation Renewal Rev	vision D. Township	L. Individual	
	E. Interstate	M. Profit Organization	
If Revision, enter appropriate letters in box(es)	F. Intermunicipal	N. Non-profit	
A. Increase Amount B. Decrease Amount C. Increase Duration	G. Special District	O. Public Housing Authority	
D. Decrease Duration E. Other (Specify)	H. Independent School District	P. Other (Specify)	•
	14. Name of Federal Agency		
	U.S. Department of Housing		
 15. Catalog of Federal Domestic Assistance (CFDA) Number 14 1 Title: Sect. 202 Supportive Housing for the Elderly Cap. Adv Component Title: 17. Areas affected by Program (boroughs, cities, counties, State 	Rental Housing for Very Low-In	·	
Indian Reservation, etc.) The City of Chico Butte County			
18a. Proposed Program start date 18b. Proposed Program er	9th	pplicant 19b. Congressional Districts of Program	
20. Estimated Funding: Applicant must complete the Funding			
21. Is Application subject to review by State Executive Order 123 A. Yes X This preapplication/application was made ava B. No Program is not covered by E.O. 12372 Program has not been selected by State for re 22. Is the Applicant delinquent on any Federal debt? Yes If "Yes," explain below or attach an explanation.	ailable to the State Executive Order 12372 P	Process for review on: Date	

Funding Matrix The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications. Grant Program* HUD Other HUD Applicant Other Federa State Local/Tribal Other Program Total Share Match Funds Share Share Share Income 0.00 0.00 0.00 0.00 0.00 0.00 **Grand Totals** 0.00 0.00 0.00 0.00 0.00 0.00 0.00 For FHIPs, show both initiative and component * Section 202 Program requires sponsor to make minimum capital contribution of \$10,000.00 to new 501(c)3 ownership entity. ** \$208,250 Annual Project Rental Assistance payments subject to annual Congressional appropriations. *** From San Francisco Redevelopment Agency Certifications I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly. Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian

Don McCreary

Date (mm/dd/yyyy) 05/27/2003

the agreement.

Title

23. Signature of Authorized Official

tribes and TDHEs established under State law are not excluded from the statute's coverage.

Name (printed)

This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding

President and CEO

Application for Federal Assistance

U.S. Department of Housing and Urban Development

OMB Approval No.2501-0017 (exp. 03/31/2005)

Type of Submission 2. Date	Submitted	4. HUD Application Number	•
x Application Preapplication 3. Date	and Time Received by HUD	5. Existing Grant Number	
		6. Applicant Identification N	umber
7. Applicant's Legal Name Catholic Charities of Sacramento, Inc	8. Organizational Unit	Private, non-profit	
9. Address (give city, county, State, and zipcode)	10. Name, title, telephone number, contacted on matters involving thi A. Name: Jan Maurer Watkins B. Title: Member Agency Exe-C. Phone: (530) 247-3349 D. Fax: (530) 247-3354 E. E-mail: janwnvcss@snowcre	is application (including area	•
11. Employer Identification Number (EIN) or SSN	12. Type of Applicant (enter appro	opriate letter in box)	N
94-2576612	A. State	I. University or College	
	B. County	J. Indian Tribe	
13. Type of Application	C. Municipal	K. Tribally Designated Ho	using Entity (TDHE)
x New Continuation Renewal Revision	D. Township	L. Individual	
ь	E. Interstate	M. Profit Organization	
If Revision, enter appropriate letters in box(es)	F. Intermunicipal	N. Non-profit	
A. Increase Amount B. Decrease Amount C. Increase Duration	G. Special District	O. Public Housing Authori	ty
D. Decrease Duration E. Other (Specify)	H. Independent School District	P. Other (Specify)	
1	14. Name of Federal Agency		
	U.S. Department of Housing		t
15. Catalog of Federal Domestic Assistance (CFDA) Number	16. Descriptive Title of Applicant's	•	
1 4 157	The project will provide housing living situations.	for the elderly who can live i	n independent
Title: Section 202 Supportive Housing for the Elderly	iiving situations.		
Component Title:	_		
17. Areas affected by Program (boroughs, cities, counties, States,			
Indian Reservation, etc.) Chico, Butte County			
<u> </u>			
18a. Proposed Program start date 18b. Proposed Program end date 2/1/04 10/1/04 >	19a. Congressional Districts of Ap California 2nd		
		Program Ca	alifornia 2nd
20. Estimated Funding: Applicant must complete the Funding Matri			
21. Is Application subject to review by State Executive Order 12372 Pro			
A. Yes This preapplication/application was made available to	the State Executive Order 12372 Pr	ocess for review on: Date	
B. No x Program is not covered by E.O. 12372			
Program has not been selected by State for review.			
22. Is the Applicant delinquent on any Federal debt? x No Yes If "Yes," explain below or attach an explanation.			

	provide the funding m		elow, listing ea	ach program for	wnich HUD f	runding is being			
equestea, and con	plete the certifications	, .							
Grant Program*	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
	2,585,461.00					500,000.00			3,085,461.00
									- 1 · 1 · 1
Grand Totals	2,585,461.00	i				500,000.00			3,085,461.00
For FHIPs, show	v both initiative and co	mponent							
Certification									
I certify, to the bea	st of my knowledge an any person for influen	d belief, that r	no Federal app	propriated funds	have been pemployee of	oaid, or will be p an agency, a M	aid, by or on b ember of	ehalf	
Congress, an office	er or employee of Cong	gress, or an er	mployee of a N	Member of Cong	ress, in conf	nection with the	awarding		
of this Federal gran	nt or its extension, rene	ewal, amendm	ent or modific	ation. If funds o	ther than Fe	deral appropriat	ed funds have) . 1	
or will be paid for in	nfluencing or attemptin Report Lobbying. I ce	g to influence ertify that I sha	tne persons in all require all s	sted above, i sn ub awards at all	tiers (includi	ing sub-grants a	nd contracts)	to	
similarly certify and	disclose accordingly.								
Federally recognize	zed Indian Tribes and	tribally design	ated housing	entities (TDHEs)	established	by Federally-re	cognized India t State-recogn	an tribes nized Indian	
	xercise of the tribe's so established under Sta					, anonamon, bu	. Jaco roogr		
This application in	ncorporates the Assura	ances and Cer	tifications (HU	D-424B) attache	ed to this app	plication or rene	ws and incorp	orates for	
the funding you ar	e seeking the Assuran	ces and Certi	fications curre	ntly on file with h	HUD. To the	best of my kno	wledge and be may rely in a	eliet, all warding	
information in this the agreement.	application is true and	correct and c	onstitutes mat	enai representa	uon or race u	POIT WIRGHT HOD	may rely in a	g	
23. Signature of Au	uthorized Official	Mau	u Wall		Name (print	ed)	Jan Mau	ırer Watkins	
Title			cy Executive				Date (mm/do	l/yyyy)	

APPLICATION FOR		4		OMB Approval N	lo. 0348-0043
FEDERAL ASSISTA	NCE	2. DATE SUBMITTED June 10, 2003		Applicant Identifier R9 Tracking #03-342	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier	
Application Construction	Proapplication Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
X Non-Construction	Non-Construction				
5. APPLICANT INFORMATION Legal Name:	——————————————————————————————————————	G E V E	Organizational Unit:		
City of Whittier, CA	1111)		Department of Pu	ublic Works	
Address (give city, county, State,	and zip code.	UIN 4 0 0000	Name and telephone r	number of person to be contacted on ma	ttors involving
City of Whittier 13230 Pe Whittier, CA 90602 (C	nn Street UU vounty of Los Angeles)	IUN 1 2 2003	his application (give a) David Mochizuki,	rea code) Director of Public Works (562)	945-8200
6. EMPLOYER IDENTIFICATION	NUMBER (EWATA TE	CLEADING HO	TOTTE OF APPLICA	NT: (enter appropriate letter in box)	
95-6000	8 1 2 SIAIE	CLEAKING HO		NT: (enter appropriate letter in box)	
	Anner collectivate Anna Stad		A. State	H. Independent School Dist.	
8. TYPE OF APPLICATION:		Π	B. County C. Municipal	State Controlled Institution of Higher I Private University	сентиту.
New	Continuation	Revision	D. Township	K. Indian Tribe	
If Revision, enter appropriate lette	er(a) in box(aa)		E. Interstate	i. Individual	
			F. Intermunicipal	M. Profit Organization	
	rease Award C. Increase	Duration	G. Special District	N. Other (Specify)	
D. Decrease Duration Other(s	эр в ону):	,	9. NAME OF FEDERA	L AGENCY:	
			II C. Englishmen	that Destantion Assess	
444 - 144 -			U.S. Environmen	ntal Protection Agency	
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE NU	MBER:	11. DESCRIPTIVE TIT	LE OF APPLICANT'S PROJECT:	
		36-606	Sewer Pipeline	Replacement - 6 Pipeline Project	cts
TITLE: SSI & SP	Ŀ				
12. AREAS AFFECTED BY PRO	IECT (Cities Counties State	les etc.):			
City of Whittier, CA (Los	•	, 5,000			
City of Williams, On (LDS	Algelos County)				
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF:			
Start Date	a. Applicant 42ndMiller; 39thSand	hez; 38thNapolitano	ł .		
15. ESTIMATED FUNDING:			l .	SUBJECT TO REVIEW BY STATE EXE	ECUTIVE
			ORDER 12372 PR	OCE887	
e. Federal	\$	433,700	a, YES, THIS PREA	PPLICATION/APPLICATION WAS MAD	DE
b. Applicant	\$ '	.00	(TO THE STATE EXECUTIVE ORDER	
		354,845	PROCESS	FOR REVIEW ON:	
c. State	\$, 00	DATE JUN	<u>ię 10, 2003</u>	
d. Local	\$		L Na Flancon	M IS NOT COVERED BY E. O. 12372	
e. Other	\$.00		BRAM HAS NOT BEEN SELECTED BY	STATE
(. Program Income	\$	OT	17 IS THE APPLICAN	NT DELINQUENT ON ANY FEDERAL D	EBT?
g. TOTAL	\$	700 545	1		No
		788,545			
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE GO	VERNING BODY OF TH	ATION/PREAPPLICAT E APPLICANT AND TH	TON ARE TRUE AND CORRECT, THE HE APPLICANT WILL COMPLY WITH T	THE
a. Type Name of Authorized Repr Stephen W. Helvey	evitatineser	b. Tillo		c. Telephone Number	
Stephen W. Helvey	100	City Manager		(562) 464-3301	
d. Signature of Authorizer Repres	seniative	٠		e. Date Aligned	
Previous Edition Unable Authorized for Local Reproduction	, /)	"see"		Standard Form 424 (Rev. 7-1 Prescribed by OMB Circular	
Today Williams	" / / 3"	*		Freatmost by OMB Chanier	102

Application for Federal Assistance	U.S. Department of Housing OMB Approval No.2501-0017 (exp. 03/31/2005) and Urban Development
Type of Submission	2. Date Submitted 06/13/2003 4. HUD Application Number
x Application Preapplication	Date and Time Received by HUD 5. Existing Grant Number
	6. Applicant Identification Number
7. Applicant's Legal Name Satellite Housing,Inc.	8. Organizational Unit Housing Development
9. Address (give city, county, State, and zip code) A. Address: 2526 Martin Luther King Jr, Way B. City: Berkeley C. County: Alameda D. State: California E. Zip Code; 94538	10. Name,title,telephone number,fax number, and e-mail of the person to be contacted on matters involving this application (including area codes) A. Name: Dori Kojima B. Title: Housing Development Specialist C. Phone: 510-647-0700 Ext 114 D. Fax: 510-647-0820
11. Employer identification Number (EIN) or SSN	E. E-mail: dkojima@sathomes.org
94-3031375 13. Type of Application x New Continuation Renewal Renewal Reference of Revision, enter appropriate letters in box(es) A. Increase Amount B. Decrease Amount C. Increase Duration D. Decrease Duration E. Other (Specify) 15. Catalog of Federal Domestic Assistance (CFDA) Number Title: Section 811 Component Title: Supportive Housing for Persons with Dis 17. Areas affected by Program (boroughs, cities, counties, Statindian Reservation, etc.) City of Fremont	H. Independent School District P. Other (Specify) 14. Name of Federal Agency U.S. Department of Housing and Urban Development 16. Descriptive Title of Applicant's Program Lincoln Street Housing: 11 Units of Affordable, Accessible Housing for Persons with Disabilities abilities
County of Alameda 18a. Proposed Program start date 9/1/04 18b. Proposed Program e 9/1/05	n and a state of
20. Estimated Funding: Applicant must complete the Funding	
21. Is Application subject to review by State Executive Order 12 A. Yes X B. No Program is not covered by E.O. 12372 Program has not been selected by State for r 22. Is the Applicant delinquent on any Federal debt? X Yes if "Yes," explain below or attach an explanation.	ailable to the State Executive Order 12372 Process for review on: Date 6/11/03

Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

Grant Program*	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
	1,369.277.00	6,846.39		440,000.00		860,000.00	55,000.00		2,731,123.39
	3,792,261.00	10,000.00		500,000.00		788,000,00	235,000.00		5,325,261.00
W. A. S.									0.00
									0.00
2014 L. SECTION STATE ST									0.00
Grand Totals	5,161,538.00	16,846.39	0.00	940,000.00	0.00	1,648,000.00	290,000.00	0.00	8,056,384.39

For FHIPs, show both initiative and component

Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.

This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.

23. Signature of Authorized Official	Dan Co. Daires	Name (printed)	Joan C. Davis
Title	President and Chief Executive Officer		Date (mm/dd/yyyy) <i>DG OG 20</i> 0 3

Application for Federal Assistance

U.S. Department of Housing and Urban Development

OMB Approval No.2501-0017 (exp. 03/31/2005)

1. Type of Submission	te Submitted 06/13/2003 4. HUD Application Number
X Application Preapplication 3. Date	te and Time Received by HUD 5. Existing Grant Number
7. Applicant's Legal Name	6. Applicant Identification Number
Housing Consortium of the East Bay	Organizational Unit Housing Consortium of the East Bay
9. Address (give city, county, State, and zip code) A. Address: 7677 Oakport Street, #300 B. City: Oakland G. County: Alameda D. State: California E. Zip Code: 94621	10. Name,title,telephone number,fax number, and e-mail of the person to be contacted on matters involving this application (including area codes) A. Name: Jamie Blackson Baker B. Title: Executive Director C. Phone; (510)383-1303 D. Fax: (510)633-5030
11. Employer (dentification Number (EIN) or SSN 94-3298156	E. E-mail: jbaker@hceb.org 12. Type of Applicant (enter appropriate letter in box) N
13. Type of Application X New Continuation Renewal Revision If Revision, enter appropriate letters in box(es) A. Increase Amount B. Decrease Amount C. Increase Duration D. Decrease Duration E. Other (Specify)	A. State B. County J. Indian Tribe C. Municipal C. Municipal C. Individual E. Interstate M. Profit Organization F. Intermunicipal G. Special District H. Independent School District D. University or College L. Individual L. Individual M. Profit Organization N. Non-profit C. Special District P. Other (Specify)
15. Catalog of Federal Domestic Assistance (CFDA) Number 14 181 Title: HUD Section 811	14. Name of Federal Agency U.S. Department of Housing and Urban Development 16. Descriptive Title of Applicant's Program Lincoln Street Housing: New construction of 11 units of affordable, accessible housing for persons with developmental disabilities.
Component Title: Supportive Housing for Persons With Disabilities 17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.) City of Fremont, Alameda County	e de la company
18a. Proposed Program start date 9/1/04 18b. Proposed Program end date 9/1/05	19a. Congressional Districts of Applicant 9th 19b. Congressional Districts of Program 13th
 Estimated Funding: Applicant must complete the Funding Matrix Is Application subject to review by State Executive Order 12372 Pro 	c on Page 2.
A. Yes X This preapplication/application was made available to B. No Program is not covered by E.O. 12372 Program has not been selected by State for review.	cess? the State Executive Order 12372 Process for review on: Date_6/11/03
22. Is the Applicant delinquent on any Federal debt? Yes If "Yes," explain below or attach an explanation.	JUN 1 2 2003 D

		trix

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

Grant Program*	HUD Share	Applicant Match	Other HUD Funds	Other Federa Share	State Share	Local/Tribal Share	Other	Program Income	Total
	1,369,277.00	6,846.39		440,000.00		860,000.00	55,000.00		2,731,123.39
									0.00
de Alexander de La Constantina de La Co		·							0.00
									0.00
									0.00
Grand Totals For FHIPs, show		6,846.39	0.00	440,000.00	0.00	860,000.00	55,000.00	0.00	2,731,123.39

Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

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This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.

23. Signature of Authorized Official	Name (printed)	Jamie Blackson Baker
AMICE		Date (mm/dd/yyyy) 06/06/2003

Application Form

Please ensure all questions are answered completely, and typed in the spaces below. All documents submitted with the original copy of the application must have original signatures. Stamped or electronic signatures will not be accepted. Previous editions of this application may not be used (4/16/03). Incomplete application or missing documentation may result in the delay of processing and/or result in denial of your application.

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General Information

Jun-11:03 15:39

Applicant Organization's Legal Name: City of Livermore

Applicant Agency ORI Number: C A 0 0 1 0 7

The ORI number is assigned to your agency by the FBI for purposes of UCR crime reporting. It begins with your two letter state abbreviation followed by five digits. For further clarification, please refer to the Glossary of Common Grant Terms section of the Application Instructions, page 20.

Applicant Agency EIN Number: 9 4 0 0 0 3 5 9

The EIN number is assigned to your agency by the Internal Revenue Service (IRS) and consists of nine digits. However, if the Office of Justice Programs has assigned your department an EIN number, please use that assigned number. Otherwise, your IRS EIN number should be used. For further clarification, please refer to the Glossary of Common Grant Terms section of the Application Instructions, page 19.

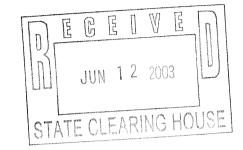
Federal Congressional District Number(s):___CA-10

Do not substitute state or local congressional districts. If your agency spans more than one congressional district, please list all of the districts above.

Are you contracting for law enforcement services? ☐ Yes 🗗 No If "yes," the government body should be named in the Applicant Organization's Legal Name space above. For further clarification in determining if this applies to your agency, please refer to the Glossary of Common Grant Terms section of the Application Instructions, page 19.

In the space below, please provide a brief description of your agency's inability to implement this project without federal assistance.

Without federal assistance,
additional School Resource Officer
will not be authorized by the City.



Jun-11-03 15:39

II. Executive information

The law enforcement and government executives that appear in this section must be those individuals who will have ultimate financial and programmatic authority for this grant. Typically, these are the highest-ranking officials within a jurisdiction (chief of police, sheriff, or equivalent for law enforcement executives, and mayor, city manager, or equivalent for government executives). Listing individuals without financial and programmatic authority for the grant could delay the review of your application, or remove your application from consideration.

Law Enforcement Exec	utive's Name:	Steve 1	Krull	•	
Tirle: Chief of Po	lice Na	me Liver	nore	Police	Dept
Title: Chief of Po Address: 1110 So.	Livermor	e Avenue	9		-
Address:					-
T 1		N		04550	-
City: Livermore	State:	Zip	Code:_	J4JJ0	<u></u>
City: Livermore Telephone: 925/371-	-4710	Fax: 925.	<u>/371-</u>	-4724	_
Email: skrull@liv	vermorepol	ice.org			
LIIIdii.					•
Type of Police Agency:					
		ا ت	County P	D	
☐ Sheriff*	☐ Tribal				
☐ School* ☐ Public Housing*	☐ University/Co	ollege* (🗖 Pu	blic or f	∃ Private)	
☐ Public Housing*	□ New Start-Up	* (please spe	cify):		-
☐ Other* (please specify	·):				-
* Agency types with an					
additional appropriate			Applica	tion Forms,	
and submit it along w	ith the applicatio	n.			
Government Executive	s Name: Lind	la Barto	n		_
Title: City Manag	ger				-
ruc	City C	f Liver	more		-
Name of Government En	hity: CICY C	T DIVEL	HOT C		•
Address: 1052 So.	Livermore	Avenue			_
City: Livermore Telephone: 925/960	State: C	CA Zin	Code:	9455	Ò
925/960	0-4040	925	/960.	-4051	•
Telephone:	- 1 7 1	rax:			-
Email: lmbarton	eci.liverm	ore.ca.	us		

+1

Tyl	Borough Community Village	<u>a</u>	City Township Pueblo		Territory Nation	0	Region
Co	ntact Inform	atío)n;				
	me of contact Mark D.			agen	cy familiar w	ith t	his grant application:
Titl	e: Capta	air	J				
Tel	ephone 925	/ 37	71-471 7:	ax:	925/371-	- 47	07
Und par with not und info app If the gen the	thership agree h general educe, you must der the graph or mation for the proposed peral education information to ched COPS in	S in eme acati des nt la the col co projection al color se color s	n Schools grant with an orional oversig ignate one sprogram.** individual wofficial attendent affects an oversight oversight oversight or w. In additional straining in the section of the	fficial ht au choc ln ho was the enter the ent	al for a specificationity within oldofficial as the space be will be respondent mandatory (ire school distention individual equirement.	ic son the the elow sible COP trict of diwill	ants must enter into a chool or school district at jurisdiction. Please school representative w, please provide the c for ensuring that the S in Schools Training, then the official with istrict should complete be required to sign the
							ore Valley JUSD
							: Superintendent
Add						fie	d School District
	685	E.	Jack Lo	ador	n Blvd.		

**If there are multiple partners involved in this project, please provide the information listed above for each of the partners on the attached "Additional Partner Page" included with this application. However, the legal applicant must decide on one school official to be designated for the purpose of this grant. At the present time, only one school official per grant award will be permitted to attend the CIS Training due to logistical constraints.

Telephone: (925) 606-3283Fax: (925) 606-3329

Email: bmiller@livermore,k12.da.us

City: Livermore

State: <u>CA</u> Zip Code: <u>94551</u>

COPS in Schools Application Forms

At the time an application is submitted, agencies must include two separate typed documents prepared in cooperation with the partner school(s), or school district(s), involved in the program.

The first document is the Narrative Addendum that outlines the proposed project. For additional information on this requirement, please refer to page 33 of this Application Form.

The second document is the Memorandum of Understanding (MOU) form that details the roles and responsibilities of the partners involved in this project. For additional information on this requirement, please refer to page 35 of this Application Form.

In addition, the Retention Certification Form outlines your agency's plan to retain all additional officer positions awarded for at least one full local budget cycle following the expiration of COPS grant funding for each COPS-funded officer position must also be submitted. The law enforcement executive and government executive that are listed on page 4 of this Application Form must sign this form.

COPS In Schools Additional Training Condition

Signatures required

Please have the Law Enforcement Executive and one designated School Representative sign the attached COPS in Schools Training Requirement on page 9.

All agencies receiving awards through the COPS in Schools program are required to send the officer(s) deployed into the school resource officer position(s) as a result of this grant, and one individual designated as the school representative under the grant program, to one COPS in Schools Training. The COPS Office will reimburse grantees for training, per diem, travel, and lodging costs for attendance of the required participants up to a maximum of \$1,200 per person attending. Agencies that receive a COPS in Schools grant will receive additional training information following notification of the grant award. The training requirement must be completed prior to the end of the 36-months of grant funding for officer positions.

IV. Department Information: Population served (2000 U.S. Census):*	73,600
If the population that your agency serves is figures (e.g., school district police departme the population served here:	
Square miles covered by your agency:* _	22.5148
* Exclude the population and square miles	s primarily served by other lan

* Exclude the population and square miles primarily served by other law enforcement agencies within your jurisdiction. For example, a sheriff's department must exclude populations and areas covered by a city police department for which the sheriff's department does not have primary law enforcement authority.

+1

APPLICATION FOR		C MATE CHOINTED		Applicant Identifier		
FEDERAL ASSISTAN	1CE	2. DATE SUBMITTED June 11	2003	CA-00107		
		i		State Application Identifier		
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	SIAIE	State Application Identification		
Application	Preapplication	4. DATE RECEIVED BY	SEDERAL AGENCY	Federal Identifier		
Construction	Construction Non-Construction	A, DATE RECEIVED BY	· EDERAL AGENT			
Non-Construction 5. APPLICANT INFORMATION	Non-Construction					
Legal Name;			Organizational Unit:			
	Livermore_		Poli	ce Department		
Cinto	and zintandeli C		Name and telephone r	number of person to be contacted on matters involvin		
1110 So. Live. Livermore, CA	rmore Avenue		this application (give a 925/371-4	rea code) Mark D. Weiss 4717		
		1 1 2012	7. TYPE OF APPLICA	ANT: (enter appropriate letter In box)		
6. EMPLOYER IDENTIFICATION		الالا 2003 الــا		c		
94-0003	5 9 4		A. State	H. Independent School Dist.		
8. TYPE OF APPLICATION:	Value Value from VV F com	E 1999 E v b Ni	B. County	I, State Controlled Institution of Higher Learning		
☐X New	Continuation	ARI (RevisionSE	C. Municipal	J. Private University		
	-		D. Township E. Interstate	K, Indian Tribe L. Individual		
If Revision, enter appropriate lett	er(s) in bax(es)		F. Interstate F. Intermunicipal	M. Profit Organization		
	C Increm	se Duration	G. Special District	N. Other (Specify)		
A. Increase Award B. Dec D. Decrease Duration Other(, 5200 /	se Duration	G. Opoolal Oleans			
D. Decrease Duration Other	speciny).		9. NAME OF FEDERA	AL AGENCY:		
			1	ent of Justice		
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE	NUMBER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJECT:		
		1 6 7 1 0	COPS i	n School 2003		
D1-1-1	Catatu and C		'			
12. AREAS AFFECTED BY PR	Safety and Co	Dimitalia Cy x Ox 3	Cing Grane			
12. AREAS AFFECTED BY PR	DJECT (CIDES, CODINGES, C	(a) (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c				
Livermore, C	ity of					
13. PROPOSED PROJECT	14. CONGRESSIONAL	DISTRICTS OF:				
10,7 ((0, 2222)) (1, 222)			CA-10			
Start Date Ending Date	a. Applicant		b. Project	- 551		
10/1/03 9/30/06	City of Live	ermore	School R	esource Officer I SUBJECT TO REVIEW BY STATE EXECUTIVE		
15. ESTIMATED FUNDING:			ORDER 12372 P			
		60	OKDER 123/2 P	ROCESS		
a. Federal	\$ 1.25	.000	a. YES, THIS PRE	APPLICATION/APPLICATION WAS MADE		
	123	,000	AVAILABL	E TO THE STATE EXECUTIVE ORDER 12372		
b. Applicant		,964	PROCESS	FOR REVIEW ON:		
c. State	S	.00	7 6	/11/03		
C. Gizid			DATE O	/11/03		
d. Local	\$,00	D 20000	RAM IS NOT COVERED BY E. O. 12372		
		80	b. No. PROGR	OGRAM HAS NOT BEEN SELECTED BY STATE		
e, Other	\$		FOR RE			
		00	-	···		
f. Program Income	\$	1	17. IS THE APPLICA	ANT DELINQUENT ON ANY FEDERAL DEBT?		
g. TOTAL	\$ 320	064		attach an explanation.		
1 -	320	,964 0	1			
18. TO THE BEST OF MY KNO	WLEDGE AND BELIEF,	ALL DATA IN THIS APPLI GOVERNING BODY OF T	CATION/PREAPPLICA HE APPLICANT AND T	ATION ARE TRUE AND CORRECT, THE THE APPLICANT WILL COMPLY WITH THE		
ATTACHED ASSURANCES II	THE ASSISTANCE IS A	WARDED.				
a. Type Name of Authorized Re	presentative	In Title		c. Telephone Number		
Steve Krull	•	Chief o	f Police	925/371-4710		
a. Signature of Authorized Rapi	resentative ()	•		e, Date Signed 6/11/03		
1 Stem K	inll			Standard Form 424 (Rev. 7-97)		

Applica	tion	for	
Federal	Ass	ista	nce

U.S. Department of Housing and Urban Development

OMB Approval No.2501-0017 (exp. 09/31/2005)

	2	2. Date Sub	mitted 06/11/2003	4. HUD A	pplication Number	
1. Type of Supmission Application	Preapplication 3	3. Date and	Time Received by HUD	6. Exieting	Grant Number	,
•				6. Applica	ınt Identification Num	ber
7. Applicant's Lagai Name	elf-Help for the Elderly	l	3. Organizational Unit		mant of Social Service	
9. Address (give city, county, State, an A. Address: 407 Sansome Street B. City: San Francisco C. County: San Francisco D. State: California E. Zip Code: 94111-3123			O. Name, this, telephone number, tontacted on matters involving this A. Name: Anni Chung B. Title; President & CEO C. Phone: (416) 982-9171 ext. 1 D. Fax: (415) 298-0313 E. E-mail; anni@pacbell.net 12. Type of Applicant (enter appro	application	on (including area co	erson to be des)
94-1750 13. Type of Application X New Continuation If Revision, enter appropriate letters in A. Increase Amount B, Decrease Amount D. Decrease Duration E, Other (Speci	Renewal Re box(es) Duration	vision	A. State B. County C, Municipal Q. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District 14. Name of Federal Agency	J. India K. Tribi L. India M. Pro N. Non O, Pub P. Othe	nt Organization -profit file Housing Authority ar (Specify)	
15. Catalog of Federal Domestic Assistance Title: Public Housing Component Title: ROSS for Resid 17. Areas affected by Program (borounding Reservation, etc.) City and state of	1 4 ROSS ent Services Delivery Mo	odel-Elder tes,	U.S. Department of Housing 16. Descriptive Title of Applicants Enhanced Living for Residents disabled residents in Rosa Pari and county of San Francisco in	Program (ELR)— (s Apis, 6	a ROSS project for o	ideriv and
18a. Proposed Program start date 12/1/03	18b. Proposed Program (11/30/06	end date	19a, Congressional Districts of A 12	pplicant	19b. Congressional Program	Districts of 12
B. No Program is not cov	State Executive Order 1 /application was made averaged by E.O. 12372 sen selected by State for redeem debt?	2372 Proce valiable to t review. No	on Page 2. ess? the State Executive Order 12372 I	Process fo	r review on: Date <u></u> 6/	11/03
		gray trights fr	TE OLEARING HOLL	Q.T.		

Funding	Matrix

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

Grant Program*	HUD Share	Appilgani Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
ROBB - RBDM	90,000,00	172,647.00							472,647.0
									0.00
		1,-							0.00
							-		0.00
									0.00
Grand Totals	300,000.00	172,647.00	0.00	0.00	0.00	0.00	0.00	0.00	472,647.01

For FHIPs, show both initiative and component

Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, ranewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Discipsure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and discipse accordingly.

Federally recognized indian Tribes and iribally designated housing entities (TDHEs) established by Federally-recognized indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amandment, but State-recognized indian tribes and TDHEs established under State law are not excluded from the statute's coverage.

This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the pest of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.

23, Signature of	Authorized Offi		Name (printed)	Anni Chung
Title		President - CEO		Date (mm/dd/yyyy) Q6/11/2009

Application for and Urban Development Federal Assistance

U.S. Department of Housing

OMB Approval No.2501-0017 (exp. 03/31/2005)

	2. Date Submitted 06/13/2003
Type of Submission X Application Preapplication	Date and Time Received by HUD 5. Existing Grant Number
	6. Applicant Identification Number
7. Applicant's Legal Name Housing Consortium of the Eas	
9. Address (give city, county, State, and zip code) A. Address: 7677 Oakport Street, #300 B. City: Oakland C. County: Alameda D. State: California E. Zip Code: 94621	10. Name title, telephone number, fax number, and e-mail of the person to be contacted on matters involving this application (including area codes) A. Name: Jamie Blackson Baker B. Title: Executive Director C. Phone: (510)383-1303 D. Fax: (510)633-5030 E. E-mail: jbaker@hceb.org
11. Employer Identification Number (EIN) or SSN 94-3298156 13. Type of Application X New Continuation Renewal R	12. Type of Applicant (enter appropriate letter in box) A. State B. County C. Municipal Cevision 12. Type of Applicant (enter appropriate letter in box) L. Indian Tribe L. Indian Tribe L. Individual L. Individual L. Individual M. Profit Organization
If Revision, enter appropriate letters in box(es) A. Increase Amount B. Decrease Amount C. Increase Duratio D. Decrease Duration E. Other (Specify)	F. Intermunicipal N. Non-profit
15. Catalog of Federal Domestic Assistance (CFDA) Number [1 4 Title: HUD Section 811 Component Title: Supportive Housing for Persons With December 17. Areas affected by Program (boroughs, cities, counties, Standard Reservation, etc.) City of Fremont, Alameda Counties	16. Descriptive Title of Applicant's Program Lincoln Street Housing: New construction of 11 units of affordable, accessible housing for persons with developmental disabilities. Disabilities tates,
18a. Proposed Program start date 18b. Proposed Program	
9/1/04 9/1/05 20. Estimated Funding: Applicant must complete the Funding:	
21. Is Application subject to review by State Executive Order A. Yes X This preapplication/application was made B. No Program is not covered by E.O. 12372	r 12372 Process? available to the State Executive Order 12372 Process for review on: Date 6/11/03
Program has not been selected by State for 22. Is the Applicant delinquent on any Federal debt? Yes If "Yes," explain below or attach an explanation	

E.,	nd	ina	M	ıtrix
гu	IIIu	шч	IAIC	! LI IA

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

Grant Program*	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
	1,369,277.00	6,846.39		440,000.00		860,000.00	55,000.00		2,731,123.39
									0.00
									0.00
									0.00
									0.00
Grand Totals	s 1,369,277.00	6,846.39	0.00	440,000.00	0.00	860,000.00	55,000.00	0.00	2,731,123.39

For FHIPs, show both initiative and component

Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.

This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.

23. Signature of Authorized Official		Name (printed)	Jamie Blackson Baker
S ANICH Title	Executive Director		Date (mm/dd/yyyy) 06/06/2003

Application for Federal Assistance

U.S. Department of Housing and Urban Development

OMB Approval No.2501-0017 (exp. 03/31/2005)

	2. Date Submitted 06/13/2003 4. HUD Application Number
Type of Submission Application Preapplication	Date and Time Received by HUD 5. Existing Grant Number
	6. Applicant Identification Number
7. Applicant's Legal Name Satellite Housing,Inc.	Organizational Unit Housing Development
9. Address (give city, county, State, and zip code) A. Address: 2526 Martin Luther King Jr. Way B. City: Berkeley C. County: Alameda	 10. Name, title, telephone number, fax number, and e-mail of the person to be contacted on matters involving this application (including area codes) A. Name: Dori Kojima B. Title: Housing Development Specialist
D. State: California E. Zip Code: 94538	C. Phone: 510-647-0700 Ext 114 D. Fax: 510-647-0820 E. E-mail: dkojima@sathomes.org
11. Employer Identification Number (EIN) or SSN 94-3031375 13. Type of Application x New Continuation Renewal	12. Type of Applicant (enter appropriate letter in box) A. State B. County C. Municipal N. Tribally Designated Housing Entity (TDHE) D. Township L. Individual E. Interstate M. Profit Organization
If Revision, enter appropriate letters in box(es) A Increase Amount B. Decrease Amount C. Increase Duration D. Decrease Duration E. Other (Specify)	F. Intermunicipal N. Non-profit G. Special District O. Public Housing Authority H. Independent School District P. Other (Specify)
D. Decrease Duration C. Other (appeary)	14. Name of Federal Agency U.S. Department of Housing and Urban Development
15. Catalog of Federal Domestic Assistance (CFDA) Number 14 4 Title: Section 811 Component Title: Supportive Housing for Persons with Indian Reservation, etc.) City of Fremont County of Alameda	Lincoln Street Housing: 11 Units of Affordable, Accessible Housing for Persons with Disabilities Disabilities
18a. Proposed Program start date 9/1/04 18b. Proposed Program 9/1/05	om end date 19a. Congressional Districts of Applicant 19b. Congressional Districts of Program 13
20. Estimated Funding: Applicant must complete the Fun	nding Matrix on Page 2.
24 to Application subject to review by State Everytive Orde	el 12372 Process? a available to the State Executive Order 12372 Process for review on: Date 6/11/03
22. Is the Applicant delinquent on any Federal debt? Yes If "Yes," explain below or attach an explanation	x No
	JUN 1 1 2003
	CTATE OF EARING HOUSE

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The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

Count Day was at		A combine on h	011 11110	GU E	01.1	1 155 11 (
Grant Program*	HUD	Applicant		Other Federal	State	Local/Tribal	Other	Program	Total
	Share	Match	Funds	Share	Share	Share		Income	
	1,369,277.00	6,846.39		440,000.00		860,000.00	55,000.00		2,731,123.39
	3,792,261.00	10,000.00		500,000.00		788,000.00	235,000.00		5,325,261.00
									0.00
			, , , , , , , , , , , , , , , , , , , ,						0.00
									0.00
Grand Totals	5,161,538.00	16,846.39	0.00	940,000.00	0.00	1,648,000.00	290,000.00	0.00	8,056,384.39

For FHIPs, show both initiative and component

Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (Including sub-grants and contracts) to similarly certify and disclose accordingly.

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This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.

23. Signature of Authorized Official	Dan Co. Daires	Name (printed) Joan C. Davis
Title	President and Chief Executive Officer	Date (mm/dd/yyyy), 06/06/200 3

APPLICATI FEDERAL A	ON FOR SSISTANCE		2. DATE SUBMITTED June 10, 2003	Applicant Identifier EPA Tracking # 03-320		
1. TYPE OF SUBMISSI	ON	Preapplication	3. DATE RECEIVED BY STATE	State Application Identifier		
EPA Tracking # 03-320 Construction Non-Construction		☐ Construction ☐ Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier		
5. APPLICANT INFOR	MATION					
Legal Name: CITY OF	NEWPORT BEACH,	CA	Organizational Unit: Newport Beach, Utilities Depar	rtment		
Address (give city, county, City of Newport Beach 3300 Newport Blvd. Newport Beach, CA 9		DEGETVE	Name and telephone number of the person to be contacted on matters involving this application (hire area code) Eldon Davidson, Utilities Director (949) 644-3011			
6. EMPLOYER IDENTI 9 5 - 6 0 0 0 7		JUN 1 1 2003	TYPE OF APPLICANT: (enter appropriat A. State H. Independent S	School District		
8. TYPE OF APPLICAT New [] If Revision, enter appropri A. Increase A C. Increase I Other Specif	Continuation	Award I have the heart in	B. County I. State Controlled Institution of Higher Learning			
			9. NAME OF FEDERAL AGENCY: Environmental	Protection Agency		
10. CATALOG OF FED DOMESTIC ASSISTA TITLE: SSI 12. AREAS AFFECTED	ANCE NUMBER: <u>6 6</u> & SP		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Potable Water System Infrastructure Project - Reservoir Cover This project includes construction of a cover for the City's Big Canyon Reservoir and reservoir site landscaping.			
City of Newport Beach		Orange County, California				
13. PROPOSED PROJE	CT:	14. CONGRESSIONAL DISTRICT OF :	City of Newport Beach, CA			
Start Date July 1, 2003	End Date Oct. 1, 2005	a. Applicant: 48 th Congressional District (Christopher Cox)		b. Project Same as a.		
15. Estimated Funding:			16. IS APPLICATION SUBJECT TO REVIEW	W BY STATE EXECUTIVE ORDER		
a. Federal		\$ 867,300	12372 PROCESSP 2. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON: DATE <u>June 10, 2003</u>			
b. Applicant		\$ 709,609				
c. State		\$				
d. Local		8	b. NO. ☐ PROGRAM IS NOT COVERED BY E.O. 12372 ☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
e. Other		\$				
f. Program Income		\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
g. TOTAL \$ 1,576,909			☐ Yes If 'Yes' attach an explanation. ■ No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF. ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMEN' BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURA: THE ASSISTANCE IS AWARDED.						
a. Typed Name of Authorized Representative. Homer L. Bludau			b. Title: City Manager, Newport Beach	c. Telephone Number (949) 644-3000		
d. Signature of Authorized	Representative	Home L. Bud		c. Date Signed		
Previous Editions Not Usable				Standard Form 424A (REV 4-88) Prescribed by OMB Circular A-102		

PART I - FACE SHEET

APPLICATION FOR	-EDEKAL A	DOID I ANCE	Non-Cons	SUBMISSION:
DATE SUBMITTED TO CORPORATION IN NATIONAL AND COMMUNITY RVICE (CNCS):	3. DATE RECEIVE		STATE APPL	ICATION IDENTIFIER:
06/10/03 , APPLICATION ID:	4. DATE RECEIVE		GRANT NUM	MBER:
03SC031435	06/10/03	Lid		
APPLICATION INFORMATION	11231	1 2000		
GAL NAME: City of San Jose, Pms	THILL JU	N 1 2003 NAME	AND CONTACT INFOR	MATION FOR PROJECT DIRECTOR OR OTHER ON MATTERS INVOLVING THIS APPLICATION (give
GAL MANG. City of Sale Joseph 7 312	Seed hand	area	odes):	
DDRESS (give street address, city, state	and ap code);	A MIAIN WILL	I EVALA PHONE NUMBER: (408)	277-5507
1190 S Bascom Ave	DIAIL	FAXI	IUMBER: (408) 297-6123	
#220 San Jose CA 95128	Laseria	1	RNET E-MAIL ADDRESS	
EMPLOYER IDENTIFICATION NUMBER	(EIN):	7. TYI	PE OF APPLICANT:	
946000419			ocal Government - Municip	
)-100041)		7b. L	ocal Government, Municip	ai
. TYPE OF APPLICATION:				
X NEW CON	NOITAUNIT			
REVISION		٦		
Revision, enter appropriate letter(a) in bo	ox(es):	_		
A. Increase Award B. Decrease A	ward C, Incresse	Duration		
D. Decresse Duration				101/-
S. Code orang solution		9. N/	ME OF FEDERAL AGE	National and Community Service
Oa, CATALOG OF FEDERAL DOMESTIC	ASSISTANCE NUMBER			APPLICANTS PROJECT:
0b, TITLE: Senior Companion Program			Ity of San Jose Senior C	ompanion Program
2. AREAS AFFECTED BY PROJECT (LI Sente Clara County	st Cities, Counti es , State	s, etc):		
13. PROPOSED PROJECT: START DATE	: 07/01/03 END	.,	ERFORMANCE PERIO	
5. ESTIMATED FUNDING:				CT TO REVIEW BY STATE EXECUTIVE
g. FEDERAL	5 125,791.00		ER 12372 PROCESS?	ATION/APPLICATION WAS MADE AVAILABLE
b. APPLICANT	\$ 119.552.00		TO THE STATE EX	ECUTIVE ORDER 12372 PROCESS FOR
c. STATE	36,036,00		DATE: 06 -	11-03
d. LOCAL	\$ 83,516,00			
e. OTHER	\$ D.00			
1. PROGRAM INCOME	\$ 0,00	17.		INQUENT ON ANY FEDERAL DEBT? I," attach an explanation. X NO
g. TOTAL	\$ 245,343.00		<u></u>	
18. TO THE BEST OF MY KNOWLEDGE DULY AUTHORIZED BY THE GOVERN IS AWARDED.	AND BELIEF, ALL DAT NG BODY OF THE APP	A IN THIS APPLICATION/P PLICANT AND THE APPLIC	REAPPLICATION ARE T ANT WILL COMPLY WI	TRUE AND CORRECT, THE DOCUMENT HAS BEEN TH THE ATTACHED ASSURANCES IF THE ASSISTAN
a. TYPED NAME OF AUTHORIZED REF	RESENTATIVE:	b. TITLE:		C. TELEPHONE NUMBER:
Peter L. Jensen		Assistant to the City Mar	nager	408-277-3183
				d. DATE: 06/10/03

D002

Previous Edition Usable Authorized for Local Reproduction

12:39

A DOLLO A TION EOD				OMB Approval No. 0346-0045	
APPLICATION FOR		2. DATE SUBMITTED		Applicant Identifier	
FEDERAL ASSISTA	INCE	June 11.	, 2003		
I, TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier	
Application	Preapplication	4. DATE RECEIVED BY	EEDERAL AGENCY	Federal Identifier	
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENT		
Non-Construction	Non-Construction				
APPLICANT INFORMATION	1		Organizational Unit:		
egal Name: City of Ripon			Police	to be egiptacted on matters involving	
Address (give city, county, Stat	te, and zip code):	E G B I V I	Name and telephone	number of person to be contacted on matters involving	
259 N Wilma Ave	(10)		this application (give a Richard A Bu	11 209-599-2102	
Ripon, CA 95366	IInil	1 1 0000			
6. EMPLOYER IDENTIFICATI	ON NUMBER (FIN)	- JUN 2008	7. TYPE OF APPLICA	ANT: (enter appropriate letter in box)	
	0 4 0 6			H. Independent School Dist.	
94-600		27 381 4 23 1 8 1 7 3 1	A State	I. State Controlled Institution of Higher Learning	
8. TYPE OF APPLICATION:	STA	TE CLEAKING I	B Country C. Municipal	J. Private University	
N	ew Continuation	Revision	D. Township	K, Indian Tribe	
	lester(e) in horice)		E. Interstate	L. Individual	
If Revision, enter appropriate I	etter(s) in box(es)		F. Intermunicipal	M. Profit Organization	
A: Increase Award B. D	ecrease Award C. Increa	ase Duration	G. Special District	N. Other (Specify)	
	er(specify):		9. NAME OF FEDER	RAL AGENCY:	
			U.S. Departmen	nt of Justice	
			AA DESCRIPTIVE T	TTLE OF APPLICANT'S PROJECT:	
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANCE		. 1		
		1 6 - 7 1 0	School Resource	ce Officer	
TOTAL E. Public Sa	fety and Community Po	olicing			
12. AREAS AFFECTED BY	PROJECT (Cities, Counties,	Statés, etc.):			
City of Ripon	,	*			
13. PROPOSED PROJECT	14. CONGRESSIONAL	DISTRICTS OF:			
			lb. Project		
Start Date	1	A 11th		CA 11th	
0/1/00				ON SUBJECT TO REVIEW BY STATE EXECUTIVE	
15. ESTIMATED FUNDING:			ORDER 12372	PROCESS?	
a. Federal	\$	41,666	VEO THE OR	EAPPLICATION/APPLICATION WAS MADE	
0.1 SQ0.5		41,000	AVAILAR	BLE TO THE STATE EXECUTIVE ORDER 12372	
b. Applicant	\$	27,626	PROCES	SS FOR REVIEW ON:	
	\$	00		06/11/03	
c. State	4	<u>o." </u>	DATE _		
d. Local	\$	0	NO T PROG	FRAM IS NOT COVERED BY E. O. 12372	
		000	TI OR PE	ROGRAM HAS NOT BEEN SELECTED BY STATE	
e. Other	\$	0		REVIEW	
f. Program Income	\$	0	17 IS THE APPLI	CANT DELINQUENT ON ANY FEDERAL DEBT?	
	\$, DO		s," attach an explanation.	
g. TOTAL		69,292		CATION ARE TRUE AND CORRECT, THE	
18. TO THE BEST OF MY	KNOWLEDGE AND BELIEF	, ALL DATA IN THIS APPI	LICATION/PREAPPLICATE APPLICANT AND	CATION ARE TRUE AND CORRECT, THE THE APPLICANT WILL COMPLY WITH THE	
DOCUMENT HAS BEEN U	OULY AUTHORIZED BY THI	E GOATVIAIRO DOD. C.	THE CALL PROPERTY CALL		
ATTACHED ASSURANCE	S IF THE ASSISTANCE IS	b. Title		c. Telephone Number	
B. Type Name of Authorized Richard A Bull	а мергезенцацие	Chief of Police		(209) 599-2102	
d. Signature of Authorized	Representative >	//		a. Date Signed 0- 2003	
Rull	H. Ruf	/		Standard Form 424 (Rev. 7-97)	
Previous Edition Usable	•			Prescribed by OMB Circular A-102	

OMB Approval No. 0348-0043

APPLICATION FOR				Applicant Identifier		
EDERAL ASSISTANCE 2. DATE SUBMITTED May 13, 2003		0.3	Applicant Identifier			
		3. DATE RECEIVED BY		State Application Identifier		
1. TYPE OF SUBMISSION:		3. DATE RECEIVED DT	SIAIE	Office Appropriate Indiana.		
Application	Preapplication Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier		
Construction	Non-Construction	A. DATE MECEIVED BY	I MEANITY IN INSTITUTE !			
Non-Construction 5. APPLICANT INFORMATION	L Non-Constitution	1		1000		
5. APPLICANT INFORMATION Legal Name:			Organizational Unit:	Action -		
City of El	l Segundo		Public W	orks Department		
Address (give city, county, State,	and zin codel:	REIWE		number of person to be contacted on matters involving		
350 Main Street	11 1 12	CEIVE	this application (give a	rea code)		
El Segundo, CA	90245	1 7/1/19		varaj, 310-524-2358		
6. EMPLOYER IDENTIFICATION	NUMBER (EIN):	JUN 1 1 ZUUS	7. TYPE OF APPLICA	ANT: (enter appropriate letter in box)		
95-6000	706	•	LJA Grada	H. Independent School Dist.		
		= -13110111	A. State	Independent Scriool Dist. Is State Controlled Institution of Higher Learning		
8. TYPE OF APPLICATION: New Continuation TE CLEARING HO			C. Municipal	J. Private University		
New Continuation Revision			D. Township	K. Indian Tribe		
If Revision, enter appropriate letter(s) in box(es)			E. Interstate	L. Individual		
III LIGARGION, SUITER SUPPLIENTE CONTROL OF THE SOUTON			F. Intermunicipal	M. Profit Organization		
A Increase Award B. Dec	rease Award C. Increas	e Duration	G. Special District	N. Other (Specify)		
/ ((() () () () () () () () (specify):					
	· · · · · · · · · · · · · · · · · · ·		9. NAME OF FEDER	ALAGENCY: Susan Hatfield,		
•				tes Environmental		
	_		Protection	Agency		
10. CATALOG OF FEDERAL DO	OMESTIC ASSISTANCE N	UMBER:	11, DESCRIPTIVE TI	TLE OF APPLICANT'S PROJECT:		
IU. DAIALUG OF FLULHAL D			Rehabilita	ation of the City's		
	,	66-606	sanitary s	sewer system including		
TITLE: 2003 Ap	propriations .	Act	replacemen	nt or relining of existing		
12. AREAS AFFECTED BY PRO	OJECT (Cities, Counties, St.	ates, etc.):	sewer main	ns and rehabilitation of		
City of El Se			sewer pump	stations.		
19. PROPOSED PROJECT	14. CONGRESSIONAL D	ISTRICTS OF: 36				
Sewer Rehabiltation			b. Project	44.40.200.00		
Start Date Ending Date	a. Applicant	Segundo		em Rehabilitation		
09/2003 09/2005	City of El	Begundo	TE IS ADDI ICATION	SUBJECT TO REVIEW BY STATE EXECUTIVE		
15. ESTIMATED FUNDING:			ORDER 12372 PROCESS?			
a, Federal	ls _		7			
	3	03,600		APPLICATION/APPLICATION WAS MADE		
b. Applicant	\$.00	1	E TO THE STATE EXECUTIVE ORDER 12372		
• • • • • • • • • • • • • • • • • • • •		48,400	PROCESS	FOR REVIEW ON:		
c. State	\$	-0-	DATE	une 11, 2003		
d. Local	\$	00				
		-0-	b. No. PROGR	AM IS NOT COVERED BY E. O. 12872		
e. Other	s	,00	I	GRAM HAS NOT BEEN SELECTED BY STATE		
		-0-	FOR RE	VIEW		
f. Program Income	\$	····	17 IC THE ADDITO	NT DELINQUENT ON ANY FEDERAL DEBT?		
- TOTAL	\$	-0-				
g. TOTAL	552	2,000		attach an explanation. No		
18. TO THE BEST OF MY KNO	WLEDGE AND BELIEF, A	LL DATA IN THIS APPLI	CATION/PREAPPLICA	TION ARE TRUE AND CORRECT, THE		
DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE G	OVERNING BODY OF T	HE APPLICANT AND T	HE APPLICANT WILL COMPLY WITH THE		
ATTACHED ASSURANCES IF				422000		
a. Type Name of Authorized Rep	presentative	b. Title City Mana	aer	c. Telephone Number 310-524-2301		
Mary Strenn d. Signaturo of Authorized Repre	ezentative A5	1 City Fialls	70-	e. Date Signed		
a. Signaturo di Autriorizza napri	In.	en Stan		7/0/03		
Previous Edition Usable	- Julia	10		Signdard Form 424 (Rev. 7-97)		
Authorized for Local Reproduction	on (ノ ·		Prescribed by OMB Circular A-102		

		2. DATE SUBMITTED 6-10-03		Applicant Identifier R9 Tracking #03-274
ACATION FOR ADERAL ASSISTANCE				
TYPE OF SUBMISSION		3. DATE RECUIVED BY STATE		State Application Identifier
Application	Preapplication	4. DATE RECEIVED BY FEDERAL AGE	ENCY	Federal Identifier
J Construction Non-Construction	Construction Non-Construction			
5, APPLICANT INFORMATION				L. C
Legal Name: CYTY OF ARCADIA, CA and	CITY OF SIERRA MADRE, CA	Organizational Unit: Areadia, Department Sierra Madre, Dopa	rement of Pil	ane works
Address (give city, county, state, and zip code): City of Arcadia 240 W. Huntington Dr. Arcadia, CA 91066-6021	City of Sierra Madro 282 W. Sierra Madro Blvd Sierra Madre, CA 91024	Name and telephone number of the person (give area code) Pat Malloy, Director of 6584 Bruce Inman, Director	Lingue Mous	on matters involving this application a Services, Arcadia; (626) 256- orks, Sierra Madre; (626) 355-7185
6. EMPLOYER IDENTIFICATION (EIN): Arcadia: 9 5 6 0 0 0 6 6 7; Sierra	Madre: 9 5 -6 0 0 0 7 8 6	B. County I. S C. Municipal J. E	Independent Sc Srat≃ Controlled Private Universit	hool District Institution of Higher Learning
8. TYPE OF APPLICATION: New Continuation C Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrea C. Increase Duration Other Specify:		E. Interstate L.	Indian Tribe Individual Profit Organiza Other (Specify)	ution :
		9. NAME OF FEDERAL AGENCY: E		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: _\$_ TITLE: Surveys, Studies, Investiga		11. DESCRIPTIVE TITLE OF APPLIC Reliability Projects (Reservoirs and Raymond Basin)	hamb 2ffftigm	CT: Water Infrastructure s) and Water Resources Plan (East DEIVED
12. AREAS AFFECTED BY PROJECT (cities City of Arcadia, City of Sierra Madre	, counties, states, etc.): Los Angeles County, California .		and the second	V 1 1 2003
13. PROPOSED PROJECT:	14. CONGRESSIONAL DISTRICT OF		STATEC	LEARING HOUSE
Start Date End Date July 1, 2003 June 1, 2006	a. Applicant: City of Arcadia: 26th Coup 26th Congressional Dist. (Dreier)	gressional District (Dreier) and City of S		b. Project Same 25 1.
15. Estimated Funding.		15. IS APPLICATION SUBJE	ect to revie	W BY STATE EXECUTIVE ORDER
a. Federal	\$ 1,301,000	•	ATION/APPLI	CATION WAS MADE AVAILABLE 12372 PROCESSES FOR REVIEW ON:
b. Арріісан	1,064,455	DATE June 10, 2008	,	
c. State	s ·	b. NO.	COVERED BY	E.O. 12372
d. Local	\$	OR PROGRAM HAS	NOT BEEN 81	ELECTED BY STATE FOR REVIEW
6. Other	\$	2 17. IS THE APPLICANT DELINQU	ent on any	FEDERAL DEBT?
r TOTAL	\$ 2,865,455			■ No
18. TO THE BEST OF MY KNOT BEEN DULY AUTHORIZED	WLEDGE AND BELIEF. ALL DATA IN THIS. BY THE GOVERNING BODY OF THE APPL	APPLICATION/PREAPPLICATION ARE 1 ICANT AND THE APPLICANT WILL CO	TRUE AND CO	NRECT, THE DOCUMENT HAS THE ATTACHED ASSURANCES IF
THE ASSISTANCE IS AWAR Typed Name of Authorized Represent	DED.	b. Title: City Manager, Arcadia City Manager, Sierra Madre		c. Telephone Number (818) 574-5401 (Arcadia) (626) 355-7135 (Sierra Madre)
d. Signature of Authorized Representative		Sanara S.	Gade	c. Daze Signed
WA VEEVY		No. 1 (FAM)		Benedard Form 4241 (REV to

APPLICATION FOR FEDERAL ASSIST.		I'ID F J " "YCE.	2. date submitted 06/06/2003	Applicant Identifier		
i. TYPE OF SUBMISSION Application	И	Preapplication	3. DATE RECEIVED BY STATE	State Application Identifier		
☐ Construction √ Non-Construction		☐ Construction ☐ Non-Construction	4. Date received by federal agency	Fodoral Identifier A 009094-03-0		
5. APPLICANT INFOR	MATION			(
Logal Name: SOUTH COAST	AIR QUALITY MAN	AGEMENT DISTRICT	Organizational Unit:			
Address (give city, county 21865 E. COPLI DIAMOND BAR	EY DRIVE	,	Name and telephone number of the person to be contacted on matters involving this application (give area code) Mary Leonard (909) 396-2780			
6. EMPLOYER IDENTI 953099419		RECEIVED /	B. County I. State Cont. Learning C. Municipal J. Private Ur. D. Township K. Indian Tr. E. Interstate L. Individual F. Intermunicipal M. Profit Or	nt School District rolled Institution of Higher iversity be ganization		
8. TYPE OF APPLICATION: New Continuation Revision			G. Special District N. Other (Specify): Regional Agency 9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency			
Carryo	A 61					
	eral ance number: <u>66.001</u> Pollution Control Pro	ogram Support	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: FY 2002-03 Air Pollution Control Program Support			
12. AREAS APPECTED	BY PROJECT (cities, counties	, states, etc.):				
Orange, and the a and Riverside Cou	nd non-desert areas of nties	San Bernardino, Los Angeles,				
13. PROPOSED PROJEC		14. CONGRESSIONAL DISTRICT OF:				
Start Date	End Date	a. Applicant:		b. Project 23-48		
10/01/02	09/30/03	25***Q	16. IS APPLICATION SUBJECT TO REVORDER 12372 PROCESS? 18. YES. THIS PREAPPLICATION/APP AVAILABLE TO THE STATE EXECT PROCESSES FOR REVIEW ON: DATE 6/10/2005 10. NO. 11. PROGRAM IS NOT COVERED B 12. OR PROGRAM HAS NOT BEEN REVIEW	VIEW BY STATE EXECUTIVE LICATION WAS MADE UTIVE ORDER 12372 Y E.O., 12372		
a. Federal		\$ 1,884.332				
b. Applicant		5 0				
c. Starc		\$ 0				
d. Local		\$				
e. Other		\$	17. IS THE APPLICANT DELINQUENT ON AN Yes If "Yes" attach an explanation.	y federal debt ? √ No		
f. Program Income		\$	w red it two distants expensions.	, 110		
g, TOTAL		5 1,884,332				
GOVERNING BODY O	F THE APPLICANT AND THE AP	L DATA IN THIS APPLICATION/PREAPPLICATION PLICANT WILL COMPLY WITH THE ATTACHED	NARÉ TRUE AND CORRECT, THE DOCUMENT HAS BE ASSURANCES IF THE ASSISTANCE IS AWARDED,			
 Typed Name of Author Barry R. Wallers 		γ Ι	b. Title: Executive Officer	с. Теlephone Number (909) 396-2100		
d. Signarize		Quitos.		c. Date Signed		
Previous Editions Not Usable	Sicron			SIGNUARY FORM 434A (REV 4-88		

JUN 10 103 05:27PM AQ	JD F L AUCE		P.3				
APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 6/11/2003	Applicant Identifier				
1. TYPE OP SUBMISSION Application	Preapplication	3. DATE RECEIVED BY STATE	State Application Identifier				
☐ Construction √ Non-Construction	Construction Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Pederal Identifier				
5. APPLICANT INFORMATION							
Legal Name:		Organizational Unit:					
SOUTH COAST AIR QUALITY MAN	AGEMENT DISTRICT	Organizational Cint:					
Address (givo city, county, state, and zip codo); 21865 E. COPLEY DRIVE		Name and telephone number of the person to be con	tacted on matters involving this				
DIAMOND BAR, CA 91765		Application (give area code)					
	many times with force is a 1 few section	Mary Leonard (909) 396-2780					
6. EMPLOYER IDENTIFICATION (EIN): 953099419	JUN 1 1 2003 TATE CLEARING HOUSE	A. State H. Independe B. County I. State Contr Learning C. Municipal J. Private Uni D. Township K. Indian Tri E. Interstate L. Individual F. Intermunicipal M. Profit Org	A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization				
10000		G. Special District N. Other (Special District N	eify):Regional Agency				
8. TYPE OF APPLICATION:		9. NAME OF FEDERAL AGENCY:					
√ New □ Continuation □ Revision If Revision, enter appropriate letter(s) in box(es); □ I							
A. Increase Award D B. Decreas	e Award	II S. Environmental Protection Age	U.S. Environmental Protection Agency				
C. Increase Duration Other Specify:	ise Duration	0.5. Environmental Protection Agr	andy				
10. CATALOG OF FEDERAL		11. DESCRIPTIVE TITLE OF APPLICANT'S PR	OJECT:				
DOMESTIC ASSISTANCE NUMBER: 66,001 TITLE: Air Pollution Control Program Supp		\$103 Homeland Security Monitoring	\$103 Homeland Security Monitoring				
12. AREAS APPECTED BY PROJECT (cities, counties	, BIBICR, GIC.):						
Orange, and the non-desert areas of Los Angeles, Riverside, and San Bernardino Counties							
13. PROPOSED PROJECT:	14. CONGRESSIONAL						
Start Date End Date	a. Applicant: 24-48	b. Project: 24-48					
01/01/2003 9/30/2004							
15. Estimated Funding:		16. IS APPLICATION SUBJECT TO REV ORDER 12372 PROCESS? a. √YES, THIS PREAPPLICATION/AP AVAILABLE TO THE STATE EXECT PROCESSES FOR REVIEW ON: DATE 6//0/2003 b. NO. □ PROGRAM IS NOT COVERED BY □ OR PROGRAM HAS NOT BEEN S	PLICATION WAS MADE UTIVE ORDER 12372 (E.O. 12372				
		REVIEW					
a. Federal	\$ 1,237,	866					
b. Applicant	\$						
c. State	\$						
d. Local e. Other	\$ \$						
	•	14 16 TUE AND TO AND DET DIGHTS OF AND	/ BEDEBAL DEEM				
f. Program Income	\$	17. IS THE APPLICANT DELINQUENT ON ANY □ Yes If 'Yes" attach an explanation.	Y PEDERAL DEBT?				
g. TOTAL	1 737		1 170				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL	DATA IN THIS APPLICATION/PREAPPLIC	800 CATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEE CHED ASSURANCES IF THE ASSISTANCE IS AWARDED,	EN DULY AUTHORIZED BY THE				
a. Typed Name of Authorized Representative. Barry R. Wallerstein, D.Env.	\wedge	b. Title: Executive Officer	c. Telephone Number (909) 396-2100				
d. Signature of Authorized Representative	711	- 1	e. Date Signed				
D 01	A DOLLY Disto		6/10/03				
Previous Bultions Not Usable	V CILL COOL OF		Standard Form 424A (REV 4-8)				

APPLICATION FOR	•			OMB Appr	oval No. 0348-0043
FEDERAL ASSISTAN	NCE	2. DATE SUBMITTED	Applicant identifier		***************************************
	•	May 13, 20	03		
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier	
Application X Construction	Preapplication Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	***
Non-Construction	Non-Construction	7. DATE ALGERTED D	TESCHAL ACENT	· ·	
5. APPLICANT INFORMATION					
Legal Name:			Organizational Unit:		
City of E		GEIVE		orks Department	
Address (give city, county, State,		G B I V B	Name and telephone i	number of person to be contacted	on matters involving
350 Main Street	I I Pa Li		The state of the s	·	
El Segundo, CA		JUN 1 1 2003	<u> </u>	varaj, 310-524-2	
6. EMPLOYER IDENTIFICATION			7. TYPE OF APPLICA	NT: (enter appropriate letter in bo.	
95 - 6000		i .	A State	H. Independent School Dist.	C
8. TYPE OF APPLICATION:	STATE	CLEARING HO	B. County	I. State Controlled Institution of H	igher Learning
X New	Continuation	Revision	C. Municipal	J. Private University	
			D. Township	K. Indian Tribe	
If Revision, enter appropriate lette	er(s) in box(es)		1	L. Individual	
A Increase Award 8. Deci	ease Award C, Increase	Duration	F. Intermunicipal G. Special District	M. Profit Organization N. Other (Specify)	
D. Decrease Duration Other(s			G. Opera District	· · · · · · · · · · · · · · · · · · ·	
	.'		9. NAME OF FEDERA	LAGENCY: Susan Hat:	field,
			United Stat	es Environmental	
		·	Protection	Agency	
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE NU	JMBER:	11. DESCRIPTIVE TIT	TLE OF APPLICANT'S PROJECT	· .
	ſ	66-606		ition of the City	
2003 Apr	propriations A		sanitary s	sewer system incl	uding
			repracemen	it or relining of is and rehabilita	existing;
12. AREAS AFFECTED BY PRO		ies, eic.j:		stations.	ELION OI
City of El Seg	gundo				
13. PROPOSED PROJECT Sewer Rehabiltation	14. CONGRESSIONAL DIS	STRICTS OF: 36			
Start Date Ending Date	a. Applicant		b. Project		
09/2003 09/2005	City of El	Segundo		em Rehabilitatio	
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE		
a. Federal	S	<u></u>	ORDER 12372 PR	ROCESS7	
a. receiai	30	3,600	a. YES. THIS PREA	APPLICATION/APPLICATION WA	S MADE
b. Applicant	\$,00	AVAILABLE	TO THE STATE EXECUTIVE OF	DER 12372
_		18,400	PROCESS	FOR REVIEW ON:	
c. State	\$	-0-	DATE JU	ine 11, 2003	
d. Local	\$	-0-	b No. TI PROGRA	AM IS NOT COVERED BY E. O. 12	2372
e. Other	\$.00		BRAM HAS NOT BEEN SELECTE	
		-0-	FOR REV	/IÉW	
f. Program Income	\$	-0-	17. IS THE APPLICAL	NT DELINQUENT ON ANY FEDER	RAL DEBT?
g. TOTAL	\$ 552	,000	Yes If "Yes,"	attach an explanation.	⊠ No
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF T	AUTHORIZED BY THE GO	VERNING BODY OF TH		TION ARE TRUE AND CORRECT HE APPLICANT WILL COMPLY V	
a. Type Name of Authorized Repr Mary Strenn	esentative	b. Title City Mana	ger	c. Telephone Number 310-524-2301	
d. Signature of Authorized Repres	sentative AS Mu	Sim		o. Date Signed	
Previous Edition Usable		10		Standard Form 424 (R	-
Authorized for Local Reproduction	1			Prescribed by OMB Cit	cular A-102

U.S. Department of Housing and Urban Development

	2. Date S	Submitted	4 HUD Ar	oplication Number	
1. Type of Submission	21 2410 0		, , , o , , , , , , , , , , , , , , , ,		
X Application Preapplication	3. Date a	nd Time Received by HUD	5. Existing	Grant Number	
			6. Applica	nt Identification Nu	mber
7. Applicant's Legal Name Eskaton		8. Organizational Unit		N/A	······································
Address (give city, county, State, and zip code)		10. Name,title,telephone number,f	av number	and e-mail of the	nerson to be
A. Address: 5105 Manzanita Avenue		contacted on matters involving this		-	•
B. City: Carmichael		A. Name: Raymond W. Gee			,
C. County: Sacramento	B. Title: Executive Director, H	UD Housin	ıa		
D. State: CA	C. Phone: 916/334-0810				
E. Zip Code: 95608	D. Fax: 916/338-1248				
·		E. E-mail: ray@eskaton.org			
11. Employer Identification Number (EIN) or SSN		12. Type of Applicant (enter appro	priate lette	r in box)	N
94-296316		A. State	I. Univer	sity or College	·
34-230310		B. County	J. Indian	-	
13. Type of Application		C. Municipal	K. Tribal	ly Designated Hou	sing Entity (TDHE)
X New Continuation Renewal	Revision	D. Township	L. Individ	lual	
		E. Interstate	M. Profit	Organization	
If Revision, enter appropriate letters in box(es)	П	F. Intermunicipal	N. Non-p	profit	
A. Increase Amount B. Decrease Amount C. Increase Durat	ion	G. Special District	O. Public	Housing Authority	,
D. Decrease Duration E. Other (Specify)		H. Independent School District		(Specify)	
		14. Name of Federal Agency			
		U.S. Department of Housing	and Urba	n Development	
15. Catalog of Federal Domestic Assistance (CFDA) Number	er	16. Descriptive Title of Applicant's	Program		
14-	181	Low Income Housing for the Elde	erly		
Title:				REGE	EN/ED
Component Title:				Name of the last o	!
 Areas affected by Program (boroughs, cities, counties, S Indian Reservation, etc.) 	States,			JUN 1	1 2003
maidiff (Cooff Valion), Cooff				1000	
18a. Proposed Program start date 18b. Proposed Program	m end date	19a. Congressional Districts of Ap	olicant 1	9b Congressional	Districts of
ios. (ioposad (iog.an		roan songressional Bisancts on the		rogram	
20. Estimated Funding: Applicant must complete the Fun	iding Matrix	on Page 2.	L. L.		
21. Is Application subject to review by State Executive Orde					
A. Yes This preapplication/application was made			ocess for r	eview on: Date	
B. No Program is not covered by E.O. 12372				***************************************	
Program has not been selected by State	for review.				
22. Is the Applicant delinquent on any Federal debt?	X No				
Yes If "Yes," explain below or attach an explanation	hand .				

Funding Ma	trix								
	t provide the funding maplete the certifications		elow, listing ead	ch program for	which HUD fu	nding is being			
Grant Program*	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
HUD 202	892,209.00	3,000.00							895,209.00
-									0.00
									0.00
									0.00
									0.00
Grand Totals	892,209.00	3,000.00	0.00	0.00	0.00	0.00	0.00	0.00	895,209.00
		-							
of the applicant, to Congress, an office of this Federal grad or will be paid for in Disclosure Form to similarly certify and Federally recognias a result of the etribes and TDHEs This application in the funding you are	est of my knowledge and any person for influencer or employee of Content or its extension, rendered and the extension of the	cing or attemp gress, or an er ewal, amendm og to influence ertify that I sha tribally design. overeign powe ate law are not ances and Certifoces and Certifoces	ting to influence inployee of a M ent or modificate the persons list ill require all substantial ated housing ear are excluded excluded from tifications (HUI incations currer	te an officer or flember of Congation. If funds of sted above, I should be awards at all entities (TDHEs I from coverage the statute's cop-424B) attachtly on file with	employee of a gress, in connection than Fed half complete a liters (including) established be of the Byrd A overage. Bed to this application of the liters application of the liters application.	In agency, a Meaction with the action with the action with the action of the agency of the action of	ember of awarding ed funds have ndard Form-LL nd contracts) to cognized India at State-recogn we and incorpowiedge and be	.L., no an tribes ized Indian orates for elief, all	
23. Signature of A	uthorized Official				Name (printe	d)	Raymor	nd W. Gee	
Title	7		inancial Office	er			Date (mm/dd	/yyyy) /6/03	

U.S. Department of Housing and Urban Development

1. Type of Submission	Date Submitted	4. HUD Application Number
X Application Preapplication 3. (Date and Time Received by HUD	5. Existing Grant Number
		6. Applicant Identification Number
7. Applicant's Legal Name Mountain Valley Elder Care	8. Organizational Unit	N/A
9. Address (give city, county, State, and zip code) A. Address: P.O. Box 1577 B. City: Hayfork C. County: Trinity D. State: CA E. Zip Code: 96041		fax number, and e-mail of the person to be s application (including area codes)
11. Employer Identification Number (EIN) or SSN	12. Type of Applicant (enter appro	opriate letter in box) N
91-1930557 13. Type of Application X New Continuation Renewal Revisi If Revision, enter appropriate letters in box(es) A. Increase Amount B. Decrease Amount C. Increase Duration	A. State B. County C. Municipal on D. Township E. Interstate F. Intermunicipal G. Special District	I. University or College J. Indian Tribe K. Tribally Designated Housing Entity (TDHE) L. Individual M. Profit Organization N. Non-profit O. Public Housing Authority
D. Decrease Duration E. Other (Specify)	H. Independent School District	P. Other (Specify)
	14. Name of Federal Agency U.S. Department of Housing	
Catalog of Federal Domestic Assistance (CFDA) Number	16. Descriptive Title of Applicant's Low Income Housing for the Eld	
18a. Proposed Program start date 18b. Proposed Program end	date 19a. Congressional Districts of Ap	pplicant 19b. Congressional Districts of Program
20. Estimated Funding: Applicant must complete the Funding N	Matrix on Page 2.	
21. Is Application subject to review by State Executive Order 1237: A. Yes This preapplication/application was made availa Program is not covered by E.O. 12372 Program has not been selected by State for review of the Applicant delinquent on any Federal debt? Yes If "Yes," explain below or attach an explanation.	ble to the State Executive Order 12372 P	rocess for review on: Date

r=	4 .								
Funding Ma	ıtrix								
The applicant mus	t provide the funding m	natrix shown be	elow, listing ea	ich program for	r which HUD fi	unding is being			
requested, and cor	mplete the certifications	S.							
Grant Program*	HUD	Applicant	Other HUD	Other Federal	State	Local/Tribal	T Other	T Decaram	T Tatal
Gianterogram	Share	Applicant Match	Funds	Share	State	Share	Other	Program Income	Total
				-					
HUD 202	892,209.00	3,000.00			1			!	895,209.00
	!		1			,		!	0.00
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									2.00
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Grand Totals	892,209.00	3,000,00	\cap	$l \cap n \cap l$		0.00	<u> </u>		895,209.00
	002,200.00	0,000.00	0.00	0.00	0.00		0.00	0.00	000,200.00
* For FHIPs, show	w both initiative and cor	mponent							
Certificatio	ກຣ								
	est of my knowledge and			•	•	•		ehalf	
	any person for influence er or employee of Cong		-						
i e	nt or its extension, rene	-		-	-		_		
1	nfluencing or attempting								
Disclosure Form to	Report Lobbying. I ce	ertify that I shall	Il require all su	ıb awards at all	tiers (includin	g sub-grants a	nd contracts) to	0	
	d disclose accordingly.			···· and					
	ized Indian Tribes and the tribe's so		-	,	•	•	•		
	exercise of the tribe's so established under Stat			_	•	Menument, put	. State-recogni	Zeu muian	
	ncorporates the Assura				-	ication or rene	ws and incorpo	orates for	
the funding you ar	re seeking the Assuran	ces and Certifi	cations curren	itly on file with	HUD. To the t	est of my knov	wledge and be	lief, all	
	application is true and	correct and co	onstitutes mate	rial representa	ition of fact upo	on which HUD	may rely in aw	rarding	
the agreement. 23. Signature of Au		1.12	-/// -		Name (printer				
23. Signatore of At	Unonzed Official	45,	//		Name (printed	1)	Larry I	McCord	
Title	7				<u> </u>	7	Date (mm/dd/	· <u>y.yy</u> y)	
	// /	P	resident			,	/	3-1)	3

U.S. Department of Housing and Urban Development

Type of Submission	2. Date Submitted	4. HUD Application Number	
X Application Preapplication	3. Date and Time Received by HUD	5. Existing Grant Number	-
		6. Applicant Identification Number	-
7. Applicant's Legal Name Eskaton	8. Organizational Unit	N/A	
9. Address (give city, county, State, and zip code)	10. Name,title,telephone num	ber,fax number, and e-mail of the person to be	******
A. Address: 5105 Manzanita Avenue	1	g this application (including area codes)	
B. City: Carmichael	A. Name: Raymond W. Ge		
C. County: Sacramento		or, HUD Housing	
D. State: CA	C. Phone: 916/334-0810	,	
E. Zip Code: 95608	D. Fax: 916/338-1248		
	E. E-mail: ray@eskaton.org		
11. Employer Identification Number (EIN) or SSN	12. Type of Applicant (enter a		
94-296316	A. State	I. University or College	
	B. County	J. Indian Tribe	
13. Type of Application	C. Municipal	K. Tribally Designated Housing Entity (TDF	E)
X New Continuation Renewal R	evision D: Township	L. Individual	
	E. Interstate	M. Profit Organization	
If Revision, enter appropriate letters in box(es)	F. Intermunicipal	N. Non-profit	
A. Increase Amount B. Decrease Amount C. Increase Duration		O. Public Housing Authority	
D. Decrease Duration E. Other (Specify)	H. Independent School Distr	ict P. Other (Specify)	
	14. Name of Federal Agency		
45 0-14-1		ing and Urban Development	
la de la companya de	16. Descriptive Title of Applica 181 Low Income Housing for the		
Title:	·		
Component Title: 17. Areas affected by Program (boroughs, cities, counties, Sta	ites,	JUN 1 1 2003	
Indian Reservation, etc.)		STATE CLEARING HOUSE	
18a. Proposed Program start date 18b. Proposed Program	end date 19a. Congressional Districts of	of Applicant 19b. Congressional Districts of Program	
20. Estimated Funding: Applicant must complete the Fundi	ing Matrix on Page 2		
	_		
21. Is Application subject to review by State Executive Order 1	_		
	2372 Process?	72 Process for review on: Date	
21. Is Application subject to review by State Executive Order 1	2372 Process?	72 Process for review on: Date	
State Executive Order 1 A. Yes	2372 Process? vailable to the State Executive Order 1237	72 Process for review on: Date	
State Executive Order 1 A. Yes	2372 Process? vailable to the State Executive Order 1237 review. No	72 Process for review on: Date	
21. Is Application subject to review by State Executive Order 1 A. Yes This preapplication/application was made at B. No Program is not covered by E.O. 12372 Program has not been selected by State for 22. Is the Applicant delinquent on any Federal debt?	2372 Process? vailable to the State Executive Order 1237 review. No	72 Process for review on: Date	
21. Is Application subject to review by State Executive Order 1 A. Yes This preapplication/application was made at B. No Program is not covered by E.O. 12372 Program has not been selected by State for 22. Is the Applicant delinquent on any Federal debt?	2372 Process? vailable to the State Executive Order 1237 review. No	72 Process for review on: Date	
21. Is Application subject to review by State Executive Order 1 A. Yes This preapplication/application was made at B. No Program is not covered by E.O. 12372 Program has not been selected by State for 22. Is the Applicant delinquent on any Federal debt?	2372 Process? vailable to the State Executive Order 1237 review. No	72 Process for review on: Date	
21. Is Application subject to review by State Executive Order 1 A. Yes This preapplication/application was made at B. No Program is not covered by E.O. 12372 Program has not been selected by State for 22. Is the Applicant delinquent on any Federal debt?	2372 Process? vailable to the State Executive Order 1237 review. No	72 Process for review on: Date	

Funding Ma	Funding Matrix								
	it provide the funding m		elow, listing ea	ach program for	· which HUD ft	unding is being			
requested, and cor	mplete the certification	S.							
Grant Program*	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
HUD 202	5,493,345.00	3,000.00							5,496,345.00
									0.00
									0.00
								:	0.00
									0.00
Grand Totals	5,493,345.00	3,000.00	0.00	0.00	0.00	0.00	0.00	0.00	5,496,345.00
-	st of my knowledge an		• •	,	•	•	•	ehalf	
Congress, an office of this Federal grar or will be paid for in Disclosure Form to similarly certify and Federally recognias a result of the etribes and TDHEs This application in the funding you ar information in this	any person for influence or employee of Conguet or its extension, reneating or attemption of Report Lobbying. I cell disclose accordingly. Ized Indian Tribes and exercise of the tribe's so established under Standard reseeking the Assurance application is true and	gress, or an emewal, amendments of the influence of the i	mployee of a M ent or modifica the persons lis ill require all su ated housing ei r are excluded excluded from tifications (HUII ications curren	Member of Cong ation. If funds o sted above, I sh ub awards at all entities (TDHEs) I from coverage In the statute's co D-424B) attachently on file with I	press, in connection of the than Federal complete a liters (including a liters) established be of the Byrd Aroverage. ed to this appliable.	ection with the a leral appropriate and submit Star ag sub-grants and by Federally-re- amendment, but lication or renew best of my know	awarding sed funds have indard Form-LL and contracts) to cognized India to State-recognious and incorposal sed and be	L, on in tribes ized Indian orates for ilief, all	
the agreement. 23. Signature of Au	uthorized Official	, ,	,		Name (printed	d)			
-	fley	record wi	fee_	-	(p		Haymon	nd W. Gee	
Title	/		ector, HUD Ho	ousing			Date (mm/dd/	' yyyy)	

APPLICATION FO	• •			OMB Approval No. 034
FEDERAL ASSIST	ANCE	2. DATE SUBMITTED		Applicant Identifier RO # 03 - 234
1. TYPE OF SUBMISSION:		3. DATE RECEIVED B	Y STATE	State Application Identifier
<u>Application</u>	Preapplication		. UIZIE	State Application Identifier
Construction	Construction	4. DATE RECEIVED BY FEDERAL AGENC		Federal Identifier
Non-Construction	Non-Construction		===ins nusity i	, castal tooligher
5. APPLICANT INFORMATIO)N			
Legal Name: CITY OF C	CEANSIDE		Organizational Unit:	
Address (give city, county, Sta				ILITIES DEPARTMENT
	•		Name and telephone	number of person to be contacted on matters in
300 North Co	nside, County of ast Highway, Ocea	San Diego Inside, CA 920	this application (give a	rea code)
6. EMPLOYER IDENTIFICATI	ON NUMBER (EIN):		7. TYPE OF APPLICA	ANT: (enter appropriate letter in box)
9 5 - 1 6 8	8 5 7 0			
3. TYPE OF APPLICATION:	Permanent		A. State	H. Independent School Dist.
	ew Gontinuation E	THE P. P.	B. County	State Controlled Institution of Higher Learnin Delivers Learning
X N		Thevision 1	C. Municipal D. Township	J. Private University
f Revision, enter appropriate le	etter(s) in box(es)		E. Interstate	K. Indian Tribe L. Individual
			F. Intermunicipal	M. Profit Organization
	ecrease Award C Increase	Duration U		N. Other (Specify)
D. Decrease Duration Other	r(specify):			
	Carlos a services		9. NAME OF FEDERA	L AGENCY:
		RING HOUSE	U.S. Enviror	nmental Protection Agency
0. CATALOG OF FEDERAL I	DOMESTIC ASSISTANCE NU	IMBER:	11. DESCRIPTIVE TIT	LE OF APPLICANT'S PROJECT:
		66 - 606	Į.	
TITLE: Special 2. AREAS AFFECTED BY PR	Appropriations		Į.	Luis Rey Water Line
	Appropriations	tes, etc.):	Į.	
2. AREAS AFFECTED BY PR	Appropriations IOJECT (Cities, Counties, State 14. CONGRESSIONAL DIS	tes, etc.); TRICTS OF:	Mission San	
2. AREAS AFFECTED BY PR 3. PROPOSED PROJECT art Date Ending Date	Appropriations IOJECT (Cities, Counties, State) 14. CONGRESSIONAL DIS	tes, etc.): TRICTS OF:	Mission San	Luis Rey Water Line
2. AREAS AFFECTED BY PR	Appropriations IOJECT (Cities, Counties, State 14. CONGRESSIONAL DIS	tes, etc.): TRICTS OF:	Mission San b. Project 48th	Luis Rey Water Line SUBJECT TO REVIEW BY STATE EXECUTIVE
2. AREAS AFFECTED BY PR 3. PROPOSED PROJECT lart Date Ending Date	Appropriations IOJECT (Cities, Counties, State 14. CONGRESSIONAL DIS a. Applicant 48th	tes, etc.): TRICTS OF:	Mission San	Luis Rey Water Line SUBJECT TO REVIEW BY STATE EXECUTIVE
2. AREAS AFFECTED BY PR 3. PROPOSED PROJECT lart Date Ending Date 5. ESTIMATED FUNDING: Federal	Appropriations IOJECT (Cities, Counties, State 14. CONGRESSIONAL DIS a. Applicant 48th	tes, etc.):	b. Project 48th 16. IS APPLICATION S ORDER 12372 PRO	Luis Rey Water Line SUBJECT TO REVIEW BY STATE EXECUTIVE DCESS?
2. AREAS AFFECTED BY PR 3. PROPOSED PROJECT lart Date Ending Date 5. ESTIMATED FUNDING:	Appropriations IOJECT (Cities, Counties, State of	tes, etc.):	b. Project 48th 16. IS APPLICATION S ORDER 12372 PRO	Luis Rey Water Line SUBJECT TO REVIEW BY STATE EXECUTIVE DCESS? PLICATION/APPLICATION WAS MADE
2. AREAS AFFECTED BY PR 3. PROPOSED PROJECT lart Date Ending Date 5. ESTIMATED FUNDING: Federal Applicant	Appropriations IOJECT (Cities, Counties, State 14. CONGRESSIONAL DIS a. Applicant 48th \$ 238,500 \$ 195,136	TRICTS OF:	b. Project 48th 16. IS APPLICATION S ORDER 12372 PRO a. YES. THIS PREAF	Luis Rey Water Line SUBJECT TO REVIEW BY STATE EXECUTIVE DCESS? PPLICATION/APPLICATION WAS MADE TO THE STATE EXECUTIVE ORDER 12372
2. AREAS AFFECTED BY PR 3. PROPOSED PROJECT lart Date Ending Date 5. ESTIMATED FUNDING: Federal Applicant	Appropriations IOJECT (Cities, Counties, State of	TRICTS OF:	b. Project 48th 16. IS APPLICATION S ORDER 12372 PRO a. YES. THIS PREAF AVAILABLE TO PROCESS FOR	Luis Rey Water Line SUBJECT TO REVIEW BY STATE EXECUTIVE DCESS? PPLICATION/APPLICATION WAS MADE TO THE STATE EXECUTIVE ORDER 12372 OR REVIEW ON:
2. AREAS AFFECTED BY PR 3. PROPOSED PROJECT lart Date Ending Date 5. ESTIMATED FUNDING: Federal	Appropriations IOJECT (Cities, Counties, State of the st	TRICTS OF:	b. Project 48th 16. IS APPLICATION S ORDER 12372 PRO a. YES. THIS PREAF	Luis Rey Water Line SUBJECT TO REVIEW BY STATE EXECUTIVE DCESS? PPLICATION/APPLICATION WAS MADE TO THE STATE EXECUTIVE ORDER 12372 OR REVIEW ON:
2. AREAS AFFECTED BY PR 3. PROPOSED PROJECT lart Date Ending Date 5. ESTIMATED FUNDING: Federal Applicant State Local	Appropriations IOJECT (Cities, Counties, State 14. CONGRESSIONAL DIS a. Applicant 48th \$ 238,500 \$ 195,136 \$ 0	TRICTS OF:	b. Project 48th 16. IS APPLICATION S ORDER 12372 PRO a. YES. THIS PREAF AVAILABLE TO PROCESS FOR	Luis Rey Water Line SUBJECT TO REVIEW BY STATE EXECUTIVE DCESS? PPLICATION/APPLICATION WAS MADE TO THE STATE EXECUTIVE ORDER 12372 OR REVIEW ON:
2. AREAS AFFECTED BY PR 3. PROPOSED PROJECT lart Date Ending Date 5. ESTIMATED FUNDING: Federal Applicant Stale	Appropriations IOJECT (Cities, Counties, State 14. CONGRESSIONAL DIS a. Applicant 48th \$ 238,500 \$ 195,136 \$ 0 \$ 0	TRICTS OF:	b. Project 48th 16. IS APPLICATION S ORDER 12372 PRO a. YES. THIS PREAF AVAILABLE TO PROCESS FOR THE SECONDATE b. No. PROGRAM	Luis Rey Water Line SUBJECT TO REVIEW BY STATE EXECUTIVE DCESS? PPLICATION/APPLICATION WAS MADE TO THE STATE EXECUTIVE ORDER 12372 OR REVIEW ON:
2. AREAS AFFECTED BY PR 3. PROPOSED PROJECT lart Date Ending Date 5. ESTIMATED FUNDING: Federal Applicant State Local	Appropriations IOJECT (Cities, Counties, State of the St	### (Page 1997)	b. Project 48th 16. IS APPLICATION S ORDER 12372 PRO a. YES. THIS PREAF AVAILABLE TO PROCESS FOR THE SECONDATE b. No. PROGRAM	EUBJECT TO REVIEW BY STATE EXECUTIVE OCESS? PPLICATION/APPLICATION WAS MADE TO THE STATE EXECUTIVE ORDER 12372 OR REVIEW ON: I IS NOT COVERED BY E. O. 12372 IAM HAS NOT BEEN SELECTED BY STATE
2. AREAS AFFECTED BY PR 3. PROPOSED PROJECT lart Date Ending Date 5. ESTIMATED FUNDING: Federal Applicant State Local	Appropriations IOJECT (Cities, Counties, State 14. CONGRESSIONAL DIS a. Applicant 48th \$ 238,500 \$ 195,136 \$ 0 \$ 0	00 00 00 00 00 00 00 00 00 00 00 00 00	b. Project 48th 16. IS APPLICATION S ORDER 12372 PRO a. YES. THIS PREAP AVAILABLE PROCESS FOR DATE b. No. PROGRAM OR PROGRAM FOR REVIE	EUBJECT TO REVIEW BY STATE EXECUTIVE DOCESS? PPLICATION/APPLICATION WAS MADE TO THE STATE EXECUTIVE ORDER 12372 OR REVIEW ON: I IS NOT COVERED BY E. O. 12372 IAM HAS NOT BEEN SELECTED BY STATE W
2. AREAS AFFECTED BY PR 3. PROPOSED PROJECT lart Date Ending Date 5. ESTIMATED FUNDING: Federal Applicant State Local Other	Appropriations IOJECT (Cities, Counties, State 14. CONGRESSIONAL DIS a. Applicant 48th \$ 238,500 \$ 195,136 \$ 0 \$ 0 \$ 0 \$ 5	00 00 00 00 00 00 00 00 00 00 00 00 00	b. Project 48th 16. IS APPLICATION S ORDER 12372 PRO a. YES. THIS PREAF AVAILABLE PROCESS FOR THE PROGRAM OR PROGRAM OR PROGRAM FOR REVIE	DELINQUENT ON ANY FEDERAL DEBT?
2. AREAS AFFECTED BY PR 3. PROPOSED PROJECT lart Date Ending Date 5. ESTIMATED FUNDING: Federal Applicant State Local Other Program Income	Appropriations IOJECT (Cities, Counties, State 14. CONGRESSIONAL DIS a. Applicant 48th \$ 238,500 \$ 195,136 \$ 0 \$ 0 \$ 433,636	00 00 00 00 00 00 00 00 00 00 00 00 00	b. Project 48th 16. IS APPLICATION S ORDER 12372 PRO a. YES. THIS PREAF AVAILABLE PROCESS FOR PROGRAM OR PROGRAM OR PROGRAM FOR REVIE 7. IS THE APPLICANT Yes If "Yes," att	DELINQUENT ON ANY FEDERAL DEBT?
2. AREAS AFFECTED BY PR 3. PROPOSED PROJECT lart Date Ending Date 5. ESTIMATED FUNDING: Federal Applicant State Local Other Program Income TOTAL TO THE BEST OF MY KNOW DCUMENT HAS BEEN DULY	Appropriations IOJECT (Cities, Counties, State 14. CONGRESSIONAL DIS a. Applicant 48th \$ 238,500 \$ 195,136 \$ 0 \$ 0 \$ COUNTY OF THE GOVERN AUTHORIZED BY THE GOVERN A	TRICTS OF: 00 00 00 00 00 00 00 DATA IN THIS APPLICATE	b. Project 48th 16. IS APPLICATION S ORDER 12372 PRO a. YES. THIS PREAF AVAILABLE TO PROCESS FOR PROGRAM OR PROGRAM FOR REVIE 17. IS THE APPLICANT Yes If "Yes," att	DELINQUENT ON ANY FEDERAL DEBT?
2. AREAS AFFECTED BY PR 3. PROPOSED PROJECT lart Date Ending Date 5. ESTIMATED FUNDING: Federal Applicant State Local Other Program Income TOTAL TO THE BEST OF MY KNOW DCUMENT HAS BEEN DULY TACHED ASSURANCES IF	Appropriations IOJECT (Cities, Counties, State 14. CONGRESSIONAL DIS a. Applicant 48th \$ 238,500 \$ 195,136 \$ 0 \$ 0 \$ 0 \$ COUNTIES AND BELIEF, ALL IN AUTHORIZED BY THE GOVITHE ASSISTANCE IS AWARI	TRICTS OF: OO OO OO OO OO OO OO OO OO	b. Project 48th 16. IS APPLICATION S ORDER 12372 PRO a. YES. THIS PREAF AVAILABLE PROCESS FOR PROGRAM OR PROGRAM FOR PROGRAM FOR REVIE 7. IS THE APPLICANT Yes If "Yes," att	DELINQUENT ON ANY FEDERAL DEBT? ach an explanation. Luis Rey Water Line DELING LEVIEW BY STATE EXECUTIVE DOCUMENT ON ANY FEDERAL DEBT? ach an explanation. No ARE TRUE AND CORRECT, THE APPLICANT WILL COMPLY WITH THE
2. AREAS AFFECTED BY PR 3. PROPOSED PROJECT lart Date Ending Date 5. ESTIMATED FUNDING: Federal Applicant State Local Other Program Income TOTAL TO THE BEST OF MY KNOW DCUMENT HAS BEEN DULY TACHED ASSURANCES IF Type Name of Authorized Repr Steven R Jepse	Appropriations IOJECT (Cities, Counties, State 14. CONGRESSIONAL DIS a. Applicant 48th \$ 238,500 \$ 195,136 \$ 0 \$ 0 \$ 0 \$ 433,636 VLEDGE AND BELIEF, ALL IN AUTHORIZED BY THE GOVERN THE GOVERN THE ASSISTANCE IS AWARD TO SENTING THE ASSISTANCE IS AWARD TO SENT	PATA IN THIS APPLICATERNING BODY OF THE ADDED.	b. Project 48th 16. IS APPLICATION S ORDER 12372 PRO a. YES. THIS PREAP AVAILABLE PROCESS FOR DATE b. No. PROGRAM OR PROGRAM FOR REVIE 7. IS THE APPLICANT Yes If "Yes," att TION/PREAPPLICATIO APPLICANT AND THE	DELINQUENT ON ANY FEDERAL DEBT? ach an explanation. DELICATION WILL COMPLY WITH THE Telephone Number
2. AREAS AFFECTED BY PR 3. PROPOSED PROJECT lart Date Ending Date 5. ESTIMATED FUNDING: Federal Applicant State Local Other Program Income TOTAL TO THE BEST OF MY KNOW DCUMENT HAS BEEN DULY TACHED ASSURANCES IF Type Name of Authorized Repr	Appropriations IOJECT (Cities, Counties, State 14. CONGRESSIONAL DIS a. Applicant 48th \$ 238,500 \$ 195,136 \$ 0 \$ 0 \$ 433,636 VLEDGE AND BELIEF, ALL I AUTHORIZED BY THE GOVERN THE GOVERN THE ASSISTANCE IS AWARD THE	TRICTS OF: OO OO OO OO OO OO OO OO OO	b. Project 48th 16. IS APPLICATION S ORDER 12372 PRO a. YES. THIS PREAP AVAILABLE PROCESS FOR PROGRAM OR PROGRAM FOR REVIE 7. IS THE APPLICANT Yes If "Yes," att TION/PREAPPLICATIO APPLICANT AND THE	EUBJECT TO REVIEW BY STATE EXECUTIVE OCESS? PPLICATION/APPLICATION WAS MADE TO THE STATE EXECUTIVE ORDER 12372 OR REVIEW ON: I IS NOT COVERED BY E. O. 12372 IAM HAS NOT BEEN SELECTED BY STATE W DELINQUENT ON ANY FEDERAL DEBT? ach an explanation. NO ARE TRUE AND CORRECT, THE APPLICANT WILL COMPLY WITH THE Telephone Number (760) 435-3068
2. AREAS AFFECTED BY PR 3. PROPOSED PROJECT lart Date Ending Date 5. ESTIMATED FUNDING: Federal Applicant State Local Other Program Income TOTAL TO THE BEST OF MY KNOW DCUMENT HAS BEEN DULY TACHED ASSURANCES IF Type Name of Authorized Repr SEEVEN R Jepse	Appropriations IOJECT (Cities, Counties, State 14. CONGRESSIONAL DIS a. Applicant 48th \$ 238,500 \$ 195,136 \$ 0 \$ 0 \$ 433,636 VLEDGE AND BELIEF, ALL I AUTHORIZED BY THE GOVERN THE GOVERN THE ASSISTANCE IS AWARD THE	PATA IN THIS APPLICATERNING BODY OF THE ADDED.	b. Project 48th 16. IS APPLICATION S ORDER 12372 PRO a. YES. THIS PREAP AVAILABLE PROCESS FOR PROGRAM OR PROGRAM FOR REVIE 7. IS THE APPLICANT Yes If "Yes," att TION/PREAPPLICATIO APPLICANT AND THE	DELINQUENT ON ANY FEDERAL DEBT? ach an explanation. DELICATION WILL COMPLY WITH THE Telephone Number

U.S. Department of Housing and Urban Development

Type of Submission	2. Date Submitted 06/13/2003 4. HUD Application Number
x Application Preapplication	Date and Time Received by HUD S. Existing Grant Number
	6. Applicant Identification Number
7. Applicant's Legal Name Sa effite Housing,Inc.	8. Organizational Unit Housing Development
9. Address (give city, county, State, and z p code) A. Address: 2526 Martin Luther King Jr. Way B. City: Berkeley C. County: Alameda D. State: California E. Zip Code: 94538	 10. Name, title, telephone number, fax number, and e-mail of the person to be contacted on matters involving this application (including area codes) A. Name: Dori Kojima B. Title: Housing Development Specialist C. Phone: 510-647-0700 Ext 114 D. Fax: 510-647-0820 E. E-mail: dkojima@sathomes.org
11. Employer Identification Number (EIN) or SSN	12. Type of Applicant (enter appropriate letter in box) N
94-303137::	A. State I. University or College B. County J. Indian Tribe C. Municipal K. Tribally Designated Housing Entity (TDHE)
x New Continuation R€ newal R If Revision, enter appropriate letters in bol:(es) A. Increase Amount B. Decrease Amount C. Increase Duration D. Decrease Duration E. Other (Specify)	evision D. Township L. Individual E. Interstate M. Profit Organization F. Intermunicipal N. Non-profit G. Special District O. Public Housing Authority H. Independent School District P. Other (Specify)
	14. Name of Federal AgencyU.S. Department of Housing and Urban Development
15. Catalog of Federal Domestic Assistance (CFDA) Number 14 Title: Section 202 Component Title: Supportive Housing for the Elderly 17. Areas affected by Program (boroughs cities, counties, Stalndian Reservation, etc.) City of Wall ut Creek County of Contra Costa	
18a. Proposed Program start date 18b Proposed Program 9/1/05	end date 19a, Congressional Districts of Applicant 19b, Congressional Districts of Program 10
20. Estimated Funding: Applicant must complete the Fund	ng Matrix on Page 2.
21. Is Application subject to review by Stale Executive Order A. Yes X This preapplication/application was made a B. No Program is not covered by E.O. 12372 Program has not been selected by State for	ailable to the State Executive Order 12372 Process for review on: Date 6/11/03
22. Is the Applicant delinquent on any Federal debt? Yes: If "Yes," explain below or allach an explanation	JUN 1 0 2003

Fun	dina	Matrix
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The applicant must provide the funding relatrix shown below, listing each program for which HUD funding is being requested, and complete the certification s.

Grant Program*	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
	1,369,277.00	6,846.39		440,000.00		860,000.00	55.000.00		2,731.123.39
en e	3,792,261.00	10,000.00		500,000.00		788,000.00	235,000.00		5,325,261.00
									0.00
									0.00
									0.00
Grand Totals	5,161,538.00	16,846.39	0.00	940,000.00	0.00	1,648,000.00	290,000.00	0.00	8,056,384.39

For FHIPs, show both initiative and component

Certifications

I certify, to the best of my knowledge at d belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influer cing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, ren awal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I cartify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly

Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.

This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.

1110 0310			
23. Signature of Authorized Official	Vace Co. Dais	Name (printed)	Joan C. Davis
Title Presid	dent and Chief Executive Officer	Dale (m	nm/dd/yyyy) 5 / 15 /2003

APPLICATION FOR					OMB Approval No. 0348-0043
FEDERAL ASSISTA	VCE .	2. DATE SUBMITTED		Applicant Identifi	er .
TYPE OF SUBMISSION: Application	Preapplication	3. DATE RECEIVED BY	Y STATE	State Application	Identifier
Construction Non-Construction 5. APPLICANT INFORMATION	Construction Non-Construction	4. DATE RECEIVED BY	Y FEDERAL AGE	NCY Federal Identifier	
	ake Resprt		Organizational U	nit:	
_	nt District		Specia	al District	
Address (give city, county, State,	and zip code):				to be contacted on matters involving
119 Delleker Road			this application (g		
Portola, CA. 961	22		John Sz (530)832	-	
6. EMPLOYER IDENTIFICATION	NUMBER (EIN):			PLICANT: (enter approp	priate letter in box)
68-0048	7 5 8		A. State	H. Independent S	G
8. TYPE OF APPLICATION:			B. County	•	d Institution of Higher Learning
	—	Γ1 .	C. Municipal	J. Private Univers	• •
XXIew	Continuation	Revision	D. Township	K. Indian Tribe	,
If Revision, enter appropriate lette	er(s) in box(es)		E. Interstate	L. Individual	ļ
,,,,	L		F. Intermunicip	al M. Profit Organiz	ation
A. Increase Award B. Dec	rease Award C. Increase	e Duration	G. Special Dist	-	')
<i>5,500,000,000,000,000,000,000,000,000,0</i>			9. NAME OF FE	DERAL AGENCY:	
		Control of the Contro	USDA Rui	cal Developmen	t
10. CATALOG OF FEDERAL DO	DMESTIC ASSISTANCE NU	JMBER:		E TITLE OF APPLICA	
		10 - 76 0	Water St	orage Tank an	id
TITLE (0	e mandildan tana	- / 0	System 1	Improvements	
TITLE: Communit	y Facility Loans		-		RECEIVED
	n, Plumas County	,			NEVEIVEL
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF: Jol	nn Doolittl	Le	JUN 1 0 2003
Start Date Ending Date	a. Applicant		b. Project	C	STATE CLEARING HOUS
8/15/03 11/15/03				Same	DIAIE OLEANING MOUS
15. ESTIMATED FUNDING:	<u> </u>		16. IS APPLICA	TION SUBJECT TO RE	VIEW BY STATE EXECUTIVE
			1	72 PROCESS?	
a. Federal	\$	00	1		
a. 1 000ta.	i	3,500	a. YES. THIS	PREAPPLICATION/APP	PLICATION WAS MADE
b. Applicant	\$	00	1	ABLE TO THE STATE	EXECUTIVE ORDER 12372
c. State	\$.00	DATE		
d. Local	\$.00]	OGRAM IS NOT COVER	RED BY E. O. 12372
e. Other	\$	·œ	OR		BEEN SELECTED BY STATE
f. Program Income	\$.00	17. IS THE APPI	ICANT DELINQUENT	ON ANY FEDERAL DEBT?
g. TOTAL	\$ 393		Yes If "Y	es," attach an explana	ation. 🔀 No
18. TO THE BEST OF MY KNOW	I		ATION/PREAPPL	ICATION ARE TRUE	AND CORRECT, THE
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE GO	VERNING BODY OF TH			
a. Type Name of Authorized Rep		b. Title		c. Telephone Nur	nber
John Szczerby	. Josephan To	System Manac	ıer	(530)832-	1
d. Signature of Authorized Repre	sentative	1 byscem Hanac	154	e. Date Signed	12003
Previous Edition Usable		v 4			ard Form 424 (Rev. 7-97)

Authorized for Local Reproduction

I. General Information

JUN 9 2003

Applicant Organization's Legal Name:

City of Los Angeles

STATE CLEARING HOUSE

Applicant Agency ORI Number: <u>C A 0 1 9 4 2</u>

The ORI number is assigned to your agency by the FBI for purposes of UCR crime reporting. It begins with your state abbreviation followed by five digits. If your agency does not have an ORI number, leave this blank, and the COPS Office will assign one to you. For further clarification, please refer to your Application Instructions Manual on page 13.

Applicant Agency EIN Number: 9 5 6 0 0 0 7 3 5

one congressional district, please list all those districts above.

The EIN number is assigned to your agency by the Internal Revenue Service (IRS) and consists of nine digits. If the Office of Justice Programs has assigned your department an EIN number, please use that assigned number. Otherwise, your IRS EIN number should be used. For further clarification, please refer to your Application Instructions Manual on page 13.

25,27,28,29,30,31,32, Federal Congressional District Number: 33,34,35,36,37,39,46

Do not substitute state or local congressional districts. If your agency spans more than

Is your agency contracting for law enforcement services? [] Yes [X] No If "yes," enter the name and agency information of the contract law enforcement department in the Executive Information section on page 3. For further clarification in determining if this applies to your agency, please see page 13 of the Application Instructions Manual.

In the space below, please provide a brief explanation of your agency's inability to implement this project without federal assistance. The inability of the City of Los Angeles to implement this project without federal assistance is due to local budget constraints, in large part caused by the events of September 11, 2001. The City's comprehensive homeland security plan and needs assessments have resulted in the City spending \$103 million on counter-terrorism, without waiting for federal assistance. addition, the City estimates its other homeland security needs at over \$100 million. The FY03 Universal Hiring Program, with its link to homeland security, emphasizes the importance of getting direct funding to those cities that are most vulnerable to terrorist attack. Los Angeles has identified 618 high threat locations within the City, which comprise at least 85% of the targets in the County. Many rank highest on the state list of potential terrorist targets, including Los Angeles International Airport (LAX).

II. Executive Information

The law enforcement and government executives that appear in this section <u>must</u> be those individuals who will have ultimate financial and programmatic authority for this grant. Typically, these are the highest-ranking officials within your jurisdiction (e.g., Chief of Police, Sheriff, or equivalent for law enforcement executives, and Mayor, City Administrator, or equivalent for government executives). Listing individuals without ultimate financial and programmatic authority for the grant could delay the review of your application, or remove your application from consideration.

Law Enforcement Executive's Name: WIIIIam J. Bratton
Title: Chief of Police Agency Name: Los Angeles Police Department
Address: 150 N. Los Angeles Street
· · · · · · · · · · · · · · · · · · ·
City: Los Angeles State: CA Zip Code: 90012
Telephone: (213) 485-3202 Fax: (213) 485-2719
E-mail (if applicable):brattonw@lapd.lacity.org
Type of Law Enforcement Agency:
Municipal
☐ Sheriff* ☐ Tribal ☐ Transit*
School* University/College* Places indicates (Cl. Public, on Cl. Prints)
☐ University/College* Please indicate: (☐ Public or ☐ Private) ☐ Public Housing* ☐ New Start-Up* (please specify):
Other* (please specify):
* Agency types with an asterisk next to them must complete the additional questionnaire
found at the back of this Application Booklet, and include it with the application. Refer
to page 3 of the Application Instructions Manual for more information.
Government Executive's Name:
Title: Mayor Name of Government Entity: City of Los Angeles
Address: 200 N. Spring Street, Room 303
City: Los Angeles State: CA Zip Code: 90012
Telephone: (213) 978-0600 Fax: (213) 978-0656
E-mail (if applicable):jhahn@mayor.lacity.org
Type of Government Entity:
☐ State ☐ City ☐ Town ☐ County
☐ Village ☐ Borough ☐ Township ☐ Territory
☐ Region ☐ Council ☐ Community ☐ Pueblo
☐ Nation ☐ School District
☐ Other (please specify):
Contact Information:
Contact person in your department who is familiar with this grant:
Name: Roberta M. Yang
Title: Deputy Mayor for Public Safety
Telephone: (213) 978-0630 Fax: (213) 978-0889
E-mail (if applicable):ryang@mayor.lacity.org

III. Department Information

Population served as of 2000 U.S. Census: 3,694,820
If the population that your agency serves is not represented by U.S. Census
figures (e.g., colleges, special departments, etc.), please indicate the size of
the population served here: N/A
Square miles covered by your agency:468
Exclude the population and square miles primarily served by other law enforcement agencies within your jurisdiction. For example, a sheriff's department must exclude populations and areas covered by a city police department for which the sheriff's department has no primary law enforcement authority.
Current budgeted locally-funded sworn force strength as of the date of application: Full-time officers: 9,498 Part-time officers: N/A The budgeted locally-funded sworn force strength is the number of sworn officer positions
your department has allocated for its budget, including state and locally-funded vacancies. Do not include unpaid/reserve officers, COPS-funded positions (unless they are in the locally-funded retention period), or detention staff.
Current actual locally-funded sworn force strength as of the date of application: Full-time officers: 9,174 Part-time officers: N/A The actual locally-funded sworn force strength is the actual number of sworn officer
positions employed by your department as of the date of application. Do not include vacant state or locally-funded positions, COPS-funded positions (unless they are in the locally-funded retention period), or unpaid/reserve positions.
IV. Officer Request Information
What is the total number of new officer position(s) your agency is applying for with this Universal Hiring Program application?
Full-time: 533 Part-time: N/A
Your request should be consistent with your agency's law enforcement needs. Do not request more positions than your agency can realistically support.
*Total amount of federal funds requested for all full-time and part-time officers: \$\ 39,975,000
From Page 31, Box A on Budget Information Worksheets
*Total non-federal matching funds required (local share):
\$ 70,729,633
\$\frac{70,729,633}{\text{From Page 31, Box B on Budget Information Worksheets}}
*To answer these questions, complete and refer to the Universal Hiring Program 2003 Budget Information Worksheets provided in this Application Booklet.
Is your agency requesting a waiver of the local match requirement due to severe fiscal distress?
[X] Yes [] No
If "yes," you must provide written justification as required per the Universal Hiring Program Waiver Information Worksheet. For further information, please refer to the "Guidelines for Waivers of the Local Match" section in the Application Instructions

Manual, page 5. Requests for a waiver of the local match submitted without supporting

documentation will not be considered.

OMB Approval No. 01

							OMB Approval No. 0348-0043		
APPLICATION FEDERAL ASS		CE		2. DATE SUBMITTED		Appli	cant Identifier		
1. TYPE OF SUBMISS				3. DATE RECEIVED B	Y STATE	State	Application Identifier		
Application		Preapplication							
⊠ Construction		Construction							
Non-Construction		□ Non-Construction		4 DATE DECEIVED D	V EEDEDAL	ACENCY Fodos	al Identifier		
5. APPLICANT INFO	RMATION	<u>}</u>	· · · · · · · · · · · · · · · · · · ·	4. DATE RECEIVED B	Y FEDERAL	AGENCY Feder	al Identifier		
Legal Name	MATION			Organizational Unit:			- Mariana de la companya de la comp		
	ty Metropo	litan Transportation A	Authority	Long Range P	lanning &	& Programmi	ng		
Address (give city, state	and zip code	?):					d on matters involving this application (give		
	•			area code)	•				
One Gatew	ay Plaza	1		Vatha Danh					
Los Angele	es, Califo	rnia 90012-2952		Kathy Banh	_				
				(213) 922-763	5				
6. EMPLOYER IDEN	TIELC ATIO	VAUNADED (EIN).					N.T		
9 5 - 4 4 0		THOMBER (EIII).		7. TYPE OF APPLICA	NT: (enter ap	propriate letter in bo	(x) N		
8. TYPE OF APPLICA				A State H	Independent	School Dist			
6. TIPE OF AFFLICA	CHON.					led Institution of H	igher Learning		
New □ Coi	ntinuation 🗵	Revision - A (Increase	of Award)	,	Private Univ				
					Indian Trib Individual	e			
If Revision, enter appr	opriate letter	r(s) in box(es):		F Intermunicipal	M Profit Org				
				G Special District	N Other (Spe	ecify)			
A Increase Award D Decrease Duration		e Award C Increase Du	ration	State Chartere	d Transi	t District			
D Decreuse Durano.	. Giller (sq.)			9. NAME OF FEDERA					
				Federal Trans					
		20 51	ΛΛ	11. DESCRIPTIVE TIT			T. gasa gasa gas lang til til til ska seng.		
10. CATALOG OF FE		MESTIC 20 - 50	UU	II. DESCRIPTIVE III	LE OF ALL	ETCA: (15 T ROUEC	The same of the sa		
TITLE 49 U.S		10		Fiscal Year 2003	Fixed Gu	ideway, CA-03-	0568-02		
111LE 49 U.S	.c. g 550	,,		JUN 9 2003					
12 ADEAS AFFECTE	D RV PRO I	ECT (cities, counties, state	os etc.)	-			3014 0 2000		
III. AREAS ATTECT	DDITKO	DCT (circs, commes, mire	,,				90 ^{50,4} 1971 - 1		
County of I	Los Ange	eles, CA					STATE CLEARING HOUS		
13. PROPOSED PROJ	ECT	14. CONGRESSIONAL	L DISTRICTS OF						
Start Date	9	Ending Date	a. Applicant			b. Project			
07-01-20	0.2	06/20/2006	Districts 24 th	rough 20 and 41		Same as Ap	unligant		
0/-01-20	02	06/30/2006	Districts 24 til	rough 39, and 41		Same as Ap	phicant		
15. ESTIMATED FUN	DING		16. IS APPLICATIO	ON SUBJECT TO REVIE	W BY STATI	E EXECUTIVE ORI	DER 12272 PROCESS?		
a Federal	\$	35,522,060				AS MADE AVAILA	ABLE TO THE STATE EXECUTIVE		
			ORDER 12	2372 PROCESS FOR REV	IEW ON				
			DATE _ 6/0	06/2003					
			b NO ∐ PR	OGRAM IS NOT COVE	RED BY E O	12372			
			Поп	nn o cin i 14 11 i c 11 cm h	00N 001 E-00		o noview		
		0.0		PROGRAM HAS NOT BI	EEN SELECT	TED BY STATE FO	RREVIEW		
b Applicant	\$.00							
c State	\$	00.							
d Local	\$	8,880,515.00							
e Other	\$.00	17 [CTHE 4 DD 17	CANT DELINQUENT ON	ANV DEDE	DAI DEBTS			
f Program Income	\$.00	17. IS THE APPLIC	AMI DELINQUENT ON	ANT PEDE	NAL DEBI:			
			☐ Yes If "Y	es" attach an explanation	. ⊠ N	0			
g TOTAL	s	44,402,575.00							
18. TO THE BEST OF M	KNOWLEDO	GE AND BELIEF, ALL DATA	A IN THIS APPLICATION F	PREAPPLICATION ARE TRU	UE AND CORR	ECT. THE DOCUME	NT HAS BEEN DULY AUTHORIZED BY THE		
GOVERNING BODY OF	THE APPLICA	NT AND THE APPLICANT	WILL COMPLY WITH TH	E ATTACHED ASSURANCE	S IF THE ASS	ISTANCE IS AWARD	ED		
****					<u></u>				
a Typed Name of Auth	orized Repre	esentative			b Title		c Telephone number		
FRANK FLOI	DEC				Deputy Exe	cutive Officer,	(213) 922-2456		
					Long Rang	e Planning & Prog.	(#13) 7##-#430		
d. Signature of Author	ized Represe	ntative			e. Date Sign	ed			
					Dis.	06-03	\$		
Ma	uk)	your	A CONTRACTOR OF THE CONTRACTOR				-		
Previous Editions Not I	Jsable						0. 1. 5. 44. 55. 400		
	ι	-					Standard Form 424 REV 4/88		







U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

Recipient ID:	5830
Recipient Name:	ACCESS SERVICES, INC.
Project ID:	CA-16-0043
Budget Number:	1 - Budget Pending Approval
Project Information:	FY 2004 CAP PRJCTS; PURCHASED TRANSP

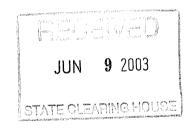
Part 1: Recipient Information

Project Number:	CA-16-0043
Recipient ID:	5830
Recipient Name:	ACCESS SERVICES, INC.
Address:	633 WEST 5TH STREET 9TH FLOOR, LOS ANGELES, CA 90017 0000
Telephone:	(213) 270-6000
Facsimile:	(213) 270-6057

Union Information

Recipient ID:	5830
Union Name:	Gardena Municipal Employees Association
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	Ellen Emerson
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	LOS ANGELES DEPUTY SHERRIFFS
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	DOUGLAS MCLELLAN
Telephone:	
Facsimile:	



Recipient ID:	5830
Union Name:	TRANSPORTATION COMMUNION INTERNATIONAL UNIOUNITED TRANSPORTATION UNION
Address 1:	
Address 2:	4
City:	, 00000 0000
Contact Name:	ROBERT SCARDELLETTI
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	TRANSPORTATION-COMMUNICATION INTERNATIONAL UNION (TCU)
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	ROBERT SCARDELLETTI
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	SERVICE EMPLOYEES' INTERNATIONAL UNIONUNITED TRANSPORTATION UNION
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	ANDREW STERN
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	SERVICE EMPLOYEES' INTERNATIONAL UNION (SEIU)
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	ANDREW STERN
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS (IAM)
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	THOMAS BUFFENBARGER

Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	INTERNATIONAL ASSOCIATION OF MACHINISTS ANS AEROSPACE WORKERS (IAM)
Address 1:	· ·
Address 2:	
City:	, 00000 0000
Contact Name:	THOMAS BUFFENBARGER
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	NORWALK CITY EMPLOYEES' ASSOCIATION
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	RAY MATHHEWS
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	JOHN J. BARRY
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	BROTHERHOOD OF LOCOMOTIVE ENGINEERS (BLE)
Address 1:	·
Address 2:	
City:	, 00000 0000
Contact Name:	EDWARD DUBROSKI
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	BROTHERHOOD OF AIRLINE, RAILWAY AND STEAMSHIP CLERKS (BARSC)
Address 1:	
Address 2:	

City:	, 00000 0000
Contact Name:	NA NA
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	AMERICAN TRAIN DISPATCHERS ASSOCIATION (ATDA)
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	LES PARMELEE
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	SOUTHERN CALIFORNIA CONFERENCE OF CARPENTERS
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	GORDON HUBEL
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	SANTA MONICA ADMINISTRATIVE TEAM ASSOCIATION (SMATA)
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	KAREN PICKETT
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	SANTA MONICA MANAGEMENT TEAM ASSOCIATION (SMMTA)
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	BOB HARVEY
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	SANTA MONICA MUNICIPAL EMPLOYEES' ASSOCIATION (SMMEA)

Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	LEE NORRIS
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	UNITED TRANSPORTATION UNION
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	BERNIE MCNELIS
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	AMALGAMATED TRANSIT UNION
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	LEO E. WETZEL
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	GERALD McENTEE
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	LOS ANGELES POLICE PROTECTIVE LEAGUE
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	TED HUNT
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	INTERNATIONAL BROTHERHOOD OF TEAMSTERS
Address 1:	
Address 2:	***
City:	, 00000 0000
Contact Name:	JAMES, P. HOFFA
Telephone:	
Facsimile:	

Part 2: Project Information

Project Type:	Grant
Project Number:	CA-16-0043
Project Description:	FY 2004 CAP PRJCTS; PURCHASED TRANSP
Recipient Type:	Other Nonprofit Organization
FTA Project Mgr:	Ray Tellis
Recipient Contact:	Arun Prem 213.270.6000
New/Amendment:	None Specified
Amend Reason:	Initial Application
Fed Dom Asst. #:	20513
Sec. of Statute:	5310
State Appl. ID:	None Specified
Start/End Date:	Jul. 01, 2003 - Oct. 31, 2004
Recvd. By State:	
EO 12372 Rev:	YES
Review Date:	Jun. 02, 2003
Planning Grant?:	NO
Program Date (STIP/UPWP/FTA Prm Plan) :	Oct. 06, 2002
Program Page:	4
Application Type:	Electronic
Supp. Agreement?:	No
Debt. Delinq. Details:	

Gross Project Cost:	\$53,038,050
Adjustment Amt:	\$0
Total Eligible Cost:	\$53,038,050
Total FTA Amt:	\$46,954,586
Total State Amt:	\$0
Total Local Amt:	\$6,083,464
Other Federal Amt:	\$0
Special Cond Amt:	\$0
Special Condition:	None Specified
S.C. Tgt. Date:	None Specified
S.C. Eff. Date:	None Specified
Est. Oblig Date:	None Specified
Pre-Award Authority?:	Yes
Fed. Debt Authority?:	No
Final Budget?:	No

Urbanized Areas

UZA ID	UZA Name
60000	CALIFORNIA

U.S. Department of Housing and Urban Development

<u>.</u>				
1. Type of Submission	te Submitted	4. HUD Application Number		
X Application Preapplication 3. Da	te and Time Received by HUD	5. Existing Grant Number		
		6. Applicant Identification Number		
7. Applicant's Legal Name	8. Organizational Unit			
Los Angeles Community Design Cente	er Organizational Onit			
9. Address (give city, county, State, and zip code)	Name,title,telephone number,	fax number, and e-mail of the person to be		
A. Address: 315 W. Ninth St., Suite 410	contacted on matters involving thi	s application (including area codes)		
B. City: Los Angeles	A. Name: Amy Anderson			
C. County: Los Angeles	B. Title: Housing Director			
D. State: California	C. Phone: 213-629-2702			
E. Zip Code: 90015	D. Fax: 213-627-6407			
	E. E-mail: aanderson@lacdc.co	m		
11. Employer Identification Number (EIN) or SSN	Type of Applicant (enter appro	priate letter in box) N		
95-6377511	A. State	I. University or College		
	B. County	J. Indian Tribe	- 1	
13. Type of Application	C. Municipal	K. Tribally Designated Housing Entity (TD	HE)	
X New Continuation Renewal Revision	D. Township	L. Individual	ĺ	
	E. Interstate	M. Profit Organization	ı	
If Revision, enter appropriate letters in box(es)	F. Intermunicipal	N. Non-profit		
A. Increase Amount B. Decrease Amount C. Increase Duration	G. Special District	O. Public Housing Authority		
D. Decrease Duration E. Other (Specify)	H. Independent School District	P. Other (Specify)	.	
•	14. Name of Federal Agency		N	
	U.S. Department of Housing a	and Urban Development	- 1	
15. Catalog of Federal Domestic Assistance (CFDA) Number	16. Descriptive Title of Applicant's F		P== .	
1 4 ₁₅₇	Crenshaw Senior Apartments	The state of the s		
Title:	New construction of low-income senior rental housing, community space,			
Component Title: Section 202 Program	and parking		- 1	
17. Areas affected by Program (boroughs, cities, counties, States,	7		- 1	
Indian Reservation, etc.) Los Angeles, Los Angeles County, State of California				
18a. Proposed Program start date 18b. Proposed Program end date	19a. Congressional Districts of Appli	icant 19b. Congressional Districts of	\dashv	
6/1/04 6/1/05	33	Program 33	-	
20. Estimated Funding: Applicant must complete the Funding Matri:	on Page 2.	i rogram	\dashv	
21. Is Application subject to review by State Executive Order 12372 Pro	ress?		\dashv	
A. Yes X This preapplication/application was made available to	the State Executive Order 12372 Proc	race for review on: Data 5/16/03		
B. No Program is not covered by E.O. 12372	The State Exception Order 12072 100	ess for feview off. Date	ı	
Program has not been selected by State for review.				
2. Is the Applicant delinquent on any Federal debt? X No				
Yes If "Yes," explain below or attach an explanation.				
			1	

Funding N	latrix	-		-		,			
The applicant murequested, and c	ast provide the funding omplete the certification	matrix shown l	below, listing ea	ach program fo	or which HUD	funding is bein	g		
Grant Program*	HUD Share	Applicant Match	Other HUD Funds	Other Federa Share	State Share	Local/Triba Share	l Other	Program Income	Total
Elderly Housing	_ 6,592,5†3.00		0.00	0.00	0.00	1 1 1	0.00	0.00	6,592,513.
L A Housing Depart.						525,000.00			525,000.0
Applicant		10,000.00							10,000.0
									0.00
									0.00
Grand Totals	6,592,513.00	10,000.00	0.00	0.00	0.00	525,000.00	0.00	0.00	7,127,513.0
the applicant, to a ingress, an officer this Federal grant will be paid for infi iclosure Form to found to cederally recognized a result of the exert is application income funding you are series.	t of my knowledge and any person for influencing or employee of Congror its extension, renew luencing or attempting Report Lobbying. I cert disclose accordingly, and Indian Tribes and tribercise of the tribe's sove stablished under State propriates the Assurance speking the Assurance oplication is true and Congression of the tribe's sover the Assurance oplication is true and Congression of the tribe's sover the Assurance oplication is true and Congression of the tribe's sover the Assurance oplication is true and Congression of the tribe's sover the Assurance oplication is true and Congression of the tribe's sover the tribe's sover the Assurance oplication is true and Congression of the tribe's sover the t	ng or attemptiress, or an emporal, amendment to influence the lifty that I shall rebally designate ereign power a law are not excess and Certificals and Certificals.	ng to influence a sloyee of a Men at or modification e persons listed equire all sub a and housing entit are excluded from cluded from the eations (HUD-4; tions currently of	an officer or en nber of Congre on. If funds oth I above, I shall awards at all tie ies (TDHEs) e m coverage of a statute's cove 24B) attached on file with HU	nployee of an ess, in connecter than Feder complete and ers (including stablished by the Byrd Amerage. to this applica D. To the bes	agency, a Mei tion with the av al appropriated i submit Stand sub-grants and Federally-reco endment, but S tion or renews	mber of warding d funds have lard Form-LLL, d contracts) to gnized Indian of state-recognize and incorpora	tribes d Indian tes for	
Signature of Auth	orized Official			Na	pne (printed)		Robin Hu	ghes	
		Executive	Director			Da	ate (mm/dd/yyy 6.12		

APPLICATION FOR					OMB Approval No. 0348-0043
FEDERAL ASSISTA	NCE	2. DATE SUBMITTED		Applicant Identifie	er .
1. TYPE OF SUBMISSION: Application	Preapplication	3. DATE RECEIVED BY	STATE	State Application	Identifier
Construction Non-Construction	Construction Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
5. APPLICANT INFORMATION					
Legal Name	Fix Foto	tion Dist.	Organizational Unit:		
Address (give city, county, State,	and zip code): 7) A 9532		Name and telephone this application (give a		to be contacted on matters involving 128-8341 - 128 131-7690-
6. EMPLOYER IDENTIFICATION	·		7. TYPE OF APPLIC	ANT: (enter approp	, لنبرسا
94-2645	1347		A. State	H. Independent S	School Dist.
8. TYPE OF APPLICATION:			B. County C. Municipal	State Controlled J. Private University	d Institution of Higher Learning
New Mew	, ∐ Continuation	∐ Revision	D. Township	K. Indian Tribe	,
If Revision, enter appropriate lett	er(s) in box(es)		E. Interstate F. Intermunicipal	L. Individual M. Profit Organiza	ation
	rease Award C. Increase specify):	e Duration	G. Special District	N. Other (Specify	·)
D. Decrease Duration Others	specily).		9. NAME OF FEDER	AL AGENCY:	
			USDA-	Pural"	Development
10. CATALOG OF FEDERAL DO	OMESTIC ASSISTANCE NU	JMBER:	11. DESCRIPTIVE TI		
TITLE: COMMU	Nity PACIFI	10-766 5	FIRET	Patratio	n Equipment
12. AREAS AFFECTED BY PRO	DJECT (Cities, Counties, Sta	ntes, etc.):			First Tree () was () was ()
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF:	ENNIS CA	rdoza	JUN 9 2003
Start Date Ending Date	a. Applicant	2	b. Project	18	STATE CLEARING HOUS
15. ESTIMATED FUNDING:	L		16. IS APPLICATION ORDER 12372 P		VIEW BY STATE EXECUTIVE
a. Federal	\$ 21 075	- 000			
b. Applicant	\$ 10 425		AVAILABL		PLICATION WAS MADE EXECUTIVE ORDER 12372 I
c. State	\$.00	ω/ DATE	5/03	
d. Local	\$.00	1	AM IS NOT COVE	 RED BY E. O. 12372
e. Other	\$.00	OR PRO		BEEN SELECTED BY STATE
f. Program Income	\$. 00	17. IS THE APPLICA	NT DELINQUENT	ON ANY FEDERAL DEBT?
g. TOTAL	\$ 41,70	.00	Yes If "Yes,"	attach an explana	ation.
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE GO	OVERNING BODY OF TH	ATION/PREAPPLICA E APPLICANT AND T	TION ARE TRUE A THE APPLICANT W	AND CORRECT, THE VILL COMPLY WITH THE
a. Type Name of Authorized Rep		b. Title Chief		c. Telephone Nur	mber (dof - 8341
d. Signature of Authorized Repre				e. Date Signed	2/=/>

Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

APPLICATION FOR 2. DATE SUBMITTED FEDERAL ASSISTANCE Applicant Identifier June 5, 2003 . TYPE OF SUBMISSION: 3. DATE RECEIVED BY STATE State Application Identifier Application Preapplication Construction Construction 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier Non-Construction Non-Construction 5. APPLICANT INFORMATION Legal Name: Organizational Unit: **Burbank Housing Development Corporation Development Staff** Name and telephone number of person to be contacted on matters involving this application 3432 Mendocino Avenue, Santa Rosa, Ca 95403 6. EMPLOYER IDENTIFICATION NUMBER 7. TYPE OF APPLICANT: 9 4 - 2 8 3 7 7 8 4 Ν A State H. Independent School Dist. 8. TYPE OF APPLICATION: B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University New Continuation Revision D. Township K. Indian Tribe If Revision, enter appropriate letter(s) in box(es) E. Interstate L. Individual F. Intermunicipal M. Profit Organization A. Increase Award B. Decrease Award C. Increase Duration G. Special District N. Other (Specify) D. Decrease Duration Other 9. NAME OF FEDERAL AGENCY: 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 1 0 -4 2 0 Provision of Technical Assistance for the Development of Mutual Self-Help Housing TITLE: Section 523 Technical Assistance 2. AREAS AFFECTED BY PROJECT Calistoga, napa County, and Forestville, Sonoma County, Ca 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: Start Date **Ending Date** a. Applicant b. Project 7/1/03 6/30/05 FIRST DISTRICT FIRST AND SIXTH DISTRICTS 15. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE **ORDER 12372 PROCESS?** a. Federal 864,000 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE b. Applicant AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: nn c. State \$ DATE ____ d. Local \$ b. No. PROGRAM IS NOT COVERED BY E. O. 12372 e. Other \$ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 00 f. Program Income \$ 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE

864,000

DOCOMENT UNS BEEN DOFT MOTHORISED BY IT	HE GOVERNING BODY OF THE APPLICA	INT AND THE APPLICANT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF THE ASSISTANCE IS	S AWARDED.	
a. Type Name of Authorized Representative John Lowry	b. Title Executive Director	c. Telephone Number (707) 526-1020
Signature of Authorized Representative		Data Cianad

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g. TOTAL

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\$

Prescribed by OMB Circular A-102

☐ No

Yes If "Yes," attach an explanation.

Figure 1: SF-424

APPLICAT	ION FOR					OMB Approval	No. 03	348-0043
FEDERAL		NCE	2. DATE SUBMITTED		Applicant Identifier			
	TYPE OF SUBMISSION: Application Preapplication		3. DATE RECEIVED BY	STATE	State Application to	dentifier		
Construct		Construction Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier			
5. APPLICANT I		Non-constraint.	<u> </u>					
I agai Name:	ounty of Sacr	ramento	y gy , , , , , , , , , , , , , , , , , ,		artment of Econ			
Address (give cit		and zip code):		Name and telephone this application (give a	rea code) Paul Ha			
McClellan, CA 95652				Katy Jacobson (916) 646-1 /46			
6. EMPLOYER II 9 4 — 8. TYPE OF APPLIES OF APPLIES OF APPLIES OF APPLIES OF APPLIES OF APPLIES OF A PROPERTY OF A	6 0 0 0 0 PLICATION: New appropriate lett	, Continuation	Revision Curation	A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District 9. NAME OF FEDER U.S. Departme Economic Dev	H. Independent Sci I. State Controlled J. Private Universit K. Indian Tribe L. Individual M. Profit Organizat N. Other (Specify)	hool Dist. Institution of Highery tion	Br Lean	ning ·
TITLE:	Public Wor ECTED BY PRO	CMESTIC ASSISTANCE N Cks DJECT (Cities, Counties, St. Dunty of Sacramento, CA	1 1 — 3 0 0 ates, etc.):	11. DESCRIPTIVE TI Phase II Infras McClellan Pai		T'S PROJECT: rements for the		2003
Start Date Award	Ending Date 2 years	a. Applicant 3rd, 4th, 5t	h, and 11th, CA	b. Project 3rd	LGUID JECT TO SE'	VEW BY STATE S	XECT	ITIVE
				THE IS ADDITION	a Subsitical au Rev	VICAL DI DIVILLE	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

ידוד ו	E Public Wo	rks	11 - 3	00	Phase II Infrasti McClellan Park	Microelectron	ics District	e	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): McClellan AFB (closed); County of Sacramento, CA					(on Former McClellan Air Force Base)				
13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF:					14400 AMARIA 114	JUN	9	2003	
Start Date Award	Ending Date 2 years	a. Applicant	rd, 4th, 5th, and 11th, C	CA	b. Project 3rd			× 100.10	
15. ESTIMATE	D FUNDING:				16. IS APPLICATION S ORDER 12372 PRO		IEW BY STATE	EXEC	UTIVE
a. Federal		S	5,000,000 .**		a. YES. THIS PREA	PPLICATION/APPL	ICATION WAS	MADE	272
b. Applicant S		5	5,000,000 - **			ABLE TO THE STATE EXECUTIVE ORDER 123 ESS FOR REVIEW ON:		3/2	
c. State S				DATE De	ecember 2002				
d. Local		S			b. No. PROGRA	M IS NOT COVER	ED BY E. O. 123	72	r 4 T/
e. Other		\$			OR PROGRAM HAS NOT BE		EEN SELECTED BY STATE		
f. Program Inc	ome	\$.00		17. IS THE APPLICAN	IT DELINQUENT C	N ANY FEDER	AL DE	BT?
g. TOTAL \$ 10,000,000		* *		Yes If "Yes," a			\boxtimes	No	
DOCUMENT	HAS BEEN DUL	Y AUTHORIZED	BELIEF, ALL DATA IN THIS BY THE GOVERNING BOD	S APPLIC.	ATION/PREAPPLICAT E APPLICANT AND TH	ION ARE TRUE A	ND CORRECT, " LL COMPLY WI	THE TH TH	E
a. Type Name Paul Hal	of Authorized Re	presentative	b. Title Director			c. Telephone Num (916) 874-58			
						a Data Sinned			

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d. Signature of Authorized Representative

Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

APPLICATION FOR OMB Approval No. 0348-0043 2. DATE SUBMITTED FEDERAL ASSISTANCE Applicant Identifier June 5, 2003 CA03014 1. TYPE OF SUBMISSION: 3. DATE RECEIVED BY STATE State Application Identifier Application Construction Preapplication Construction 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier ✓ Non-Construction Non-Construction 5. APPLICANT INFORMATION Legal Name: Organizational Unit: Newport Beach Police Department City of Newport Beach Address (give city, county, State, and zip code): Name and telephone number of person to be contacted on matters involving this application (give area code) Capt. Paul Henisey, 949-644-3720 870 Santa Barbara Drive Newport Beach, CA 92660 .IIIN - 6 2003 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 7. TYPE OF APPLICANT: (enter appropriate letter in box) 9 5 - 6 0 0 0 7 C A. State H. Independent School Dist. B. TYPE OF APPLICATION: B. County I. State Controlled Institution of Higher Learning J. Private University C. Municipal New New Continuation Revision D. Township K. Indian Tribe If Revision, enter appropriate letter(s) in box(es) E. Interstate L. individual F. Intermunicipal M. Profit Organization A. Increase Award B. Decrease Award C. Increase Duration G. Special District N. Other (Specify) D. Decrease Duration Other(specify): 9. NAME OF FEDERAL AGENCY: U.S. Department of Justice 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 1 6 7 1 0 COPS Universal Hiring Program (UHP) 2003 Grant TITLE: 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Newport Beach 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: Start Date **Ending Date** a. Applicant b. Project 1/1/04 12/31/06 District 47 District 47 15. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE **ORDER 12372 PROCESS?** a. Federal 5 222,732 a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE b. Applicant AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 566.802 PROCESS FOR REVIEW ON: c. State \$ 06/05/03 DATE 00 d. Local S b. No. | PROGRAM IS NOT COVERED BY E. O. 12372 e. Other 5 OR PROGRAM HAS NOT BEEN SELECTED BY STATE

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

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50

a. Type Name of Authorized Representative
Bob McDonell
d. Signature of Authorized Representative

\$

\$

b. Title
Chief of Police

789.534

c. Telephone Number (949) 644-3701

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

FOR REVIEW

Yes If "Yes," attach an explanation,

e. Date Signed

1. Program Income

g. TOTAL

APPLICATION FO	OR OMB	2. DATE SUBMITTED		APPLICANT IDENTIFIER			
FEDERAL ASSIS		6/3/2003		n/a			
1. TYPE OF SUBMISSION: Application	Preapplication	3. DATE RE	CEIVED BY STATE	State Application Identifier			
Construction	Construction	4. DATE REC	CEIVED BY FEDERAL	Federal Identifie	r		
Non-Construction	Non-Construction	AGENCT					
5. APPLICANT INFOR	MATION						
Legal Name: Jillian Culjal	k		Organizational Unit: n/a				
Address (give city, county 10220 Encino Ave Northr			Name and telephone number of person to be contacted on matters involving this application (give area code) 818-701-9532				
8. TYPE OF APPLICA			B. County I. State C C. Municipal J. Private	ndent School Dis ontrolled Institution University			
New Continua If Revision, enter appropr			D. Township K. Indian E. Interstate L. Individu F. Intermunicipal M. Profit C G. Special District N. Other	ual Organization			
A. Increase Award I D. Decrease Duration C Other(specify):			9. NAME OF FEDERAL AGENCY: federal government				
10. CATALOG OF FEI NUMBER: - TITLE: n/a	DERAL DOMESTIC AS	SISTANCE	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: real property				
	Grants				The Comment of the Co		
12. AREAS AFFECTE States, etc.) : CA	D BY PROJECT (Cities,	Counties,			JUN 6 2003		
13. PROPOSED PROJ	JECT		14. CONGRESSIONAL DISTRICTS OF:				
Start Date 6/3/2003	Ending Date 6/3/2003		a. Applicant la	b. Project la			
15. ESTIMATED FUND	DING:				IEW BY STATE EXECUTIVE		
a. Federal	\$ 300,000.00		ORDER 12372 PROCESS? a. YES.THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE				
b. Applicant	\$						
c. State	\$		TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:				
d. Local	\$		DATE b. No. PROGRAM	IS NOT COVED	ED BV E O 1227		
e. Other	\$				EEN SELECTED BY STATE FOR		
f. Program Income	\$		REVIEW.				
g. TOTAL \$ 300,000.00			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? Yes No (If "Yes", attach an explanation.)				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.							
a. Type Name of Authoriz Jillian Culjak	ed Representative		b. Title n/a	c. Telephon 818-701-95			
d. Signature of Authorized	d Representative	llan	Culpur	e. Date Sigi	ned 6-4-03		



OMB Approval No. 0348-0043 **APPLICATION FOR** 2. DATE SUBMITTED Applicant Identifier FEDERAL ASSISTANCE 06/02/2003 1. TYPE OF SUBMISSION: 3. DATE RECEIVED BY STATE State Application Identifier Preapplication Application Construction Construction Federal Identifier 4 DATE RECEIVED BY FEDERAL AGENCY X Non-Construction Non-Construction 5. APPLICANT INFORMATION Legal Name: Organizational Unit: Police Department Regents of the University of CA Address (give city, county, state, and zip code): 3333 California St., Suite 315 Name and telephone number of the person to be contacted on matters involving this application (give area code) San Francisco, CA 94118 Capt. Yolanda Morton Joan Kaiser 415-476-2977 (415) 476-8904 police dept. Contracts and Grants 7. TYPE OF APPLICANT: (enter appropriate letter in box) 6 EMPLOYER IDENTIFICATION NUMBER (FIN) A State H. Independent School Dist 9 4 6 0 3 6 4 B. County 1. State Controlled Institution of Higher Learning J. Private University C. Municipal 8. TYPE OF APPLICATION D. Township K. Indian Tribe Continuation Revision F. Interstate L. Individual F. Intermunicipal M. Profit Organization If Revision, enter appropriate letter(s) in box(es): G. Special District N. Other (Specify): A. Increase Award B. Decrease Award C. Increase Duration 9. NAME OF FEDERAL AGENCY D. Decrease Duration Other (specify). US DOJ, Office of Community Oriented Policing Services 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10. CATALOG OF FEDERAL DOMESTIC . 7 1 6 0 Universal Hiring Program 2003 Office of Community Oriented Policing Services TITLE: Public Safety and Community Policing Grants U.S. Department of Justice 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): FY 7/1/03 - 6/30/04 University of California, San Francisco City of San Francisco 6 2003 .ILIN 14. CONGRESSIONAL DISTRICTS OF 13. PROPOSED PROJECT b. Project **Ending Date** a Applicant Start Date STATE CLEARING HOUSE 8th Congressional District 8th Congressional District 09/01/2003 | 07/01/2004 15. ESTIMATED FUNDING 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE a. Federal nn 450,000 STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 06/02/2003 b. Applicant .00 663,924 c. State \$ 0 nn PROGRAM IS NOT COVERED BY E.O. 12372 d. Local \$ 0 .00 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW e. Other \$ 0 വ 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? f. Program Income 00 If "Yes," attach an explanation q. TOTAL \$ 1,113,924 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED h Title Contracts and Grants c. Telephone number a. Typed Name of Authorized Representative 415-476-2977 Officer Joan Kaiser

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d. Signature of Authorized Representative

Standard Form 424 (REV 4-88) Prescribed by ØMB Circular A-102

e Date Signed

6/3/03

OMB Approval No.2501-0017 (exp. 03/31/2005) U.S. Department of Housing Application for and Urban Development Federal Assistance 4. HUD Application Number 2. Date Submitted 06/13/2003 1. Type of Submission 5. Existing Grant Number 3. Date and Time Received by HUD Preapplication X Application Applicant Identification Number 8. Organizational Unit 7. Applicant's Legal Name Community Development Corporation of Oakland 10. Name, title, telephone number, fax number, and e-mail of the person to be 9. Address (give city, county, State, and zip code) contacted on matters involving this application (including area codes) A. Address: 5636 Shattuck Avenue (K) Name: Larry Taylor B. City: Oakland Chief Executive Officer Alameda Title: C. County: Phone: 510-428-9345 CA D. State: 510-428-2745 D. Fax: E. Zip Code: 94609 E. E-mail: cdcoakland@aol.com 12. Type of Applicant (enter appropriate letter in box) Ν 11. Employer Identification Number (EIN) or SSN I. University or College A. State 94-3134294 J. Indian Tribe B. County K. Tribally Designated Housing Entity (TDHE) 13. Type of Application C. Municipal D. Township L. Individual Revision x New Continuation Renewal M. Profit Organization E. Interstate If Revision, enter appropriate letters in box(es) F. Intermunicipal N. Non-profit G. Special District O. Public Housing Authority A. Increase Amount B. Decrease Amount C. Increase Duration P. Other (Specify) H. Independent School District D. Decrease Duration E. Other (Specify) 14. Name of Federal Agency U.S. Department of Housing and Urban Development 16. Descriptive Title of Applicant's Program 15. Catalog of Federal Domestic Assistance (CFDA) Number Section 202 provides capital advances to finance the construction and 14-157 rehabilitation of structures that will serve as supportive housing for very Title: Section 202 low-income elderly persons and provides rent subsidies for the projects to Component Title: Supportive Housing for the Elderly Program help make them affordable. This project is a 33-unit affordable senior housing development in Oakland, Calif. 17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.) Oakland, Calif. 19b. Congressional Districts of 19a. Congressional Districts of Applicant 18a. Proposed Program start date 18b. Proposed Program end date 9th Callf. 9th Callf. 7/22/03 7/26/05 Program 20. Estimated Funding: Applicant must complete the Funding Matrix on Page 2. 21. Is Application subject to review by State Executive Order 12372 Process?

This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date 6/6/03

No

Program is not covered by E.O. 12372

Yes if "Yes," explain below or attach an explanation.

22, is the Applicant delinquent on any Federal debt?

Program has not been selected by State for review

A, Yes

B. No

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The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

Grant Program*	HUD Shar e	Applicant Match	Other HUD Funds	Other Federa Share	State Share	Local/Tribal Share	Other	Program Income	Tota)
Section 202	3,839,600.00								3,833,802.00
АНР							160,000,00		160,000.00
City of Dekland						2,202,644.00			2,202,644.00
									0.00
									0.00
Grand Totals	3,833,600.00	0.00	0.00	0.00	0.00	2,202,844.00	160,000.00	0.00	6,196,244.0

For FHIPs, show both initiative and component

Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or estempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, emendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above. I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub swards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amandment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.

This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding

	3. Signature of Aut	nortzeg Official Surfu	,	Name (printed)	Larry Taylor
5	Title	1	Chief Executive Officer		Date (mm/dd/yyyy) 6/6/2003

Application for Federal Assistance	•	eartment of Housing an Development	OMB Ap	proval No.2501-001	7 (exp. 03/31/2005)
4. Turn of Outeringlan	2. Date Su	ubmitted 06/13/2003	4. HUD	Application Number	
Type of Submission X Application Preapplication	n 3. Date an	d Time Received by HUD	5. Existir	ng Grant Number	
		- 1000 - 1000	6. Applic	ant Identification Nu	mber
7. Applicant's Legal Name Oakland Community Housir	ng, Inc.	8. Organizational Unit			
11. Employer Identification Number (EIN) or SSN 94-2377749	- 6 2003	10. Name,title.telephone number,f contacted on matters involving this —A. Name: Dwight Dickerson B. Title: Executive Director C. Phone: (510) 763-7676 D. Fax: (510) 763-7730 E. E-mail: ddickerson @ochl.org 12 Type of Applicant (enter appro A State	applicat	ion (including area c	•
13. Type of Application X New Continuation Renewal If Revision, enter appropriate letters in box(es) A. Increase Amount B. Decrease Amount C. Increas D. Decrease Duration E. Other (Specify)	ARING HOUS Revision Duration	B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District 14. Name of Federal Agency U.S. Department of Housing	K. Trib. L. Indiv M. Pro N. Non O. Pub P. Othe	fit Organization n-profit plic Housing Authority er (Specify)	,
15. Catalog of Federal Domestic Assistance (CFDA) Title: Section 202 Component Title: Supportive Housing for the El 17. Areas affected by Program (boroughs, citles, coulindian Reservation, etc.) Oakland, Calif.	14 — 157 derly Program	16. Descriptive Title of Applicant's Section 202 provides capital advershabilitation of structures that we low-income elderly persons and help make them affordable. This housing development in Oakland	Program ances to ill serve a provides a project i	finance the constru as supportive housing rent aubsidies for the	ction and ng for very ne projects to
	Program end date /26/05	19a. Congressional Districts of App 9th Calif.		19b. Congressional Program	Districts of 0th Calif.
21. Is Application subject to review by State Executive	ve Order 12372 Proce s made available to the 2372 v State for review.		ocess for	review on: Date_6/6	/03

F	u	n	d	iı	nc	ı	И	at	rix

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

Grant Program*	HUD	Applicant	Other HUD	Other Federal	State	Local/Tribal	Other	Program	Total
	Share	Match	Funds	Share	Share	Share		Income	
Section 202	3,833,600.00								3,833,802.00
АНР							160,000.00		160,000.00
City of Oakland						2,202,644,00			2,202,644,00
									0.00
									0.00
Grand Totals	3,833,600.00	0.00	0.00	0.00	0.00	2,202,644.00	160,000.00	0.00	6,196,244.00

For FHIPs, show both initiative and component

Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

Federally recognized Indian Tribes and tribally designated housing entitles (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Ame pt, but State-recognized Indian tribes and TDHEs astablished under State law are not excluded from the statute's coverage.

This application incorporates the Assurances and Certifications (HUD-424B) attached hews and incorporates for the funding you are seeking the Assurances and Certifications currently on file my knowledge and belief, all information in this application is true and correct and constitutes materia upon which HUD may rely in awarding the agreement.

23. Signature o	Authorized Official	Name (printed)	Dwight Dickerson
Title	Executive Director		Date (mm/dd/yyyy)

Executive Director

OMB Approval No. 0348-0045

APPLICATION FOR 2. DATE SUBMITTED Applicant Identifier FEDERAL ASSISTANCE 6/3/03 N/A 1. TYPE OF SUBMISSION: 3. DATE RECEIVED BY STATE State Application Identifier <u>Application</u> Preapplication N/A Construction Construction 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier X Non-Construction Non-Construction Region 9 Tracking #03-259 5. APPLICANT INFORMATION Organizational Unit: Legal Name: City of Ripon Municipal Corporation Address (give city, county, State, and zip code): Name and telephone number of person to be contacted on matters involving this application (give area code) 209/599-2108 259 N. Wilma Avenue Ripon, CA 95366 Matthew Machado, City Engineer 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 7. TYPE OF APPLICANT: (enter appropriate letter in box) 9 4 - 6 0 0 0 4 0 6 C A. State H. Independent School Dist. 8. TYPE OF APPLICATION: I. State Controlled Institution of Higher Learning B. County C. Municipal J. Private University Revision ☐ Continuation X New D. Township K. Indian Tribe E. Interstate If Revision, enter appropriate letter(s) in box(es) L. Individual F. Intermunicipal M. Profit Organization A. Increase Award B. Decrease Award C. Increase Duration G. Special District N. Other (Specify) D. Decrease Duration Other(specify): 9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: To evaluate, design and construct 6 6 treatment systems which comply with both TITLE: Catalog of Federal Domestic Assistance the US EPA and Cal/EPA (AB 463) Drinking 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Water Standards-Arsenic. approximately 5 square miles San Joaquin Cty, California City of Ripon: 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: CA Assemblyman Agazarian, Dist. 26 US Congressman Pombo, Dist. 11; CA Senator Poochigian, Dist. 14 Ending Date Fall 05 b. Project Start Date a. Applicant Summer03 City of Ripon Arsenic Treatment Systems 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE 15. ESTIMATED FUNDING: ORDER 12372 PROCESS? a. Federal 433,700 THIS PREAPPLICATION/APPLICATION WAS MADE b. Applicant \$ AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 354,845 PROCESS FOR REVIEW ON: c. State \$ June 3, 2003 (Fax & US Mail) d. Local \$ b. No. | PROGRAM IS NOT COVERED BY E. O. 12372 e. Other \$ ☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW f. Program Income ÷ ---17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? g. TOTAL Yes If "Yes," attach an explanation. XX No 788,545 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Type Name of Authorized Representative c. Telephone Number 209/599-2108 Matthew Machado City Engineer d. Signature of Authorized Representative e. Date Signed Malthew DY/a 6.3.03





ETA

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

Recipient ID:	1652	
Recipient Name:	LONG BEACH PUBLIC TRANSPORTATION COMPANY	
Project ID:	CA-90-Y226	
Budget Number:	1 - Budget Pending Approval	
Project Information:	FY 2003 Sec 5307 (less MTOC), 15% Disc.,	

Part 1: Recipient Information

Project Number:	CA-90-Y226
Recipient ID:	1652
Recipient Name:	LONG BEACH PUBLIC TRANSPORTATION COMPANY
Address:	P.O. BOX 731 , LONG BEACH, CA 90801 0000
Telephone:	(562) 591-8753
Facsimile:	(562) 591-2083

Union Information

Recipient ID:	1652
Union Name:	ATU
Address 1:	1951 SPRING ST
Address 2:	
City:	LONG BEACH, CA 90806 0000
Contact Name:	Barbara Gales
Telephone:	(562) 490-2334
Facsimile:	(562) 490-2336

Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$13,726,719
Project Number:	ct Number: CA-90-Y226		· · · · · · · · · · · · · · · · · · ·
	FY 2003 Sec 5307 (less	Adjustment Amt:	\$28,850
Project Description:	MTOC), 15% Disc.,	Total Eligible Cost:	\$13,697,869
Recipient Type:	County Agency	Total FTA Amt:	\$11,170,982

CTA Decidet Many	Day Tallia
FTA Project Mgr:	Ray Tellis
Recipient Contact:	Lisa Patton 562.599.8511
New/Amendment:	None Specified
Amend Reason:	Initial Application
Fed Dom Asst. #:	20507
Sec. of Statute:	5307
State Appl. ID:	None Specified
Start/End Date:	-
Recvd. By State:	
EO 12372 Rev:	YES
Review Date:	None Specified
Planning Grant?:	NO
Program Date (STIP/UPWP/FTA Prm Plan) :	Oct. 04, 2002
Program Page:	20-24, #73209v1
Application Type:	Electronic
Supp. Agreement?:	Yes
Debt. Delinq. Details:	

	\$0
	\$2,526,887
	\$0
	\$0
None Specified	
Yes	
No	
No	
	None Specified None Specified None Specified Yes No

Urbanized Areas

UZA ID	UZA Name
60020	LOS ANGELESLONG BEACHSANTA ANA, CA

Congressional Districts

State ID	District Code	District Official
6	37	Juanita Millender-McDon
6	38	Grace F Napolitano
6	39	Linda T Sanchez

Project Details

PROJECT DESCRIPTION:

- * Bus Components/Engines -- LA973028

 * Bus Stop Amenities -- LA973029

 * Transit Mall Info System & Regional Signage -- LA0D16

 * Information Systems/EDP Equipment -- LA0b0842
- * Facility Improvements -- LA900514
- * Fleet Replacement
- 9200's -- LA0D18
- 9300's -- LA0D19

APPLICATION FOR OMB Approval No. 0348-0043 FEDERAL ASSISTANCE 2. DATE SUBMITTED Applicant Identifier June 2, 2003 1. TYPE OF SUBMISSION: 3. DATE RECEIVED BY STATE State Application Identifier Application Preapplication Construction Construction 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier Non-Construction Non-Construction 5. APPLICANT INFORMATION Legal Name: Organizational Unit: County of Fresno Department of Public Works and Planning Address (give city, county, State, and zip code): Name and telephone number of person to be contacted on matters involving 2220 Tulare Street, 8th Floor this application (give area code) John Popp. (559)Fresno, CA 93721 Senior Economic Development Analyst 262-4292 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 7. TYPE OF APPLICANT: (enter appropriate letter in box) -6 0 | 0 0 5 1 2 В A. State H. Independent School Dist. 8. TYPE OF APPLICATION: B. County I. State Controlled Institution of Higher Learning X New C. Municipal J. Private University ☐ Continuation Revision D. Township K. Indian Tribe If Revision, enter appropriate letter(s) in box(es) E. Interstate L. Individual F. Intermunicipal M. Profit Organization A. Increase Award B. Decrease Award C. Increase Duration G. Special District N. Other (Specify) D. Decrease Duration Other(specify): 9. NAME OF FEDERAL AGENCY: U.S.D.A. Rural Business Cooperative Service 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Golden State Corridor 1 0 - 7 7 3 Manufacturing/Visitor Oriented TITLE: Rural Business Opportunity Grant 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Development Strategy Cities of Fowler, Kingsburg, and Selma and adjacent unincorporated areas of Fresno County 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: Start Date Ending Date a. Applicant b. Project 10/01/03 09/30/04 18, 19, 20, 21 20 ε 21 15. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Federal 50.000.°° a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE b. Applicant \$ AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: c. State DATE <u>05/30</u>/03 d. Local \$ b. No. | PROGRAM IS NOT COVERED BY E. O. 12372 e. Other 00 \$ $\ \square$ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW f. Program Income \$ 00 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? g. TOTAL Yes If "Yes," attach an explanation. 50,000 X No 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE

a. Type Name of Authorized Representative
Richard L. Brogan

b. Title
Director

c. Telephone Number
(559) 262-41

(559) 262-4168 e. Date Signed

d. Signature of Authorized Representative e. Date Signature

May 22, 2003

p.2

SWRCB * dgets

OMB Approval No. 0348-0043

APPLICATION FOR F	EDERAL ASSISTANCE	2. Date Submitted	Applicant Identifier			
Type of Submission: Application	olication Preapplication		State Application Identifier			
Construction Construction X Nonconstruction Nonconstruction		4. Date Rec'd by Federal	Federal Identifier			
1001 1 Street,	zip code) esources Control Board Sacramento County California 95814	Organizational Unit: Division of Financial Assistance Name and telephone of person to be contacted on matters involving this application (give area code): Elizabeth L. Haven (916) 341-5752				
6. Employer Identification Number (EIN): 680281986 8. Type of Application:		7. Type of Applicant: (enter appropriate letter)A A. State				
X New Revision If Revision, enter appropriat A. Increase Award C. Increase Duration Other (specify)	e letter(s):B. Decrease Award D. Decrease Duration	D. Township K. India E. Interstate L. Indiv F. Intermunicipal M. Profi G. Special District N. Other 9. Name of Federal Agency:	in Tribe idual it Organization r (specify)			
10. Catalog of Federal Dom 66.804 Title: State and Trib Program	al Underground Storage Tanks	U. S. Environmental Protection Agency 5 2003 11. Descriptive Title of Applicant's Project: TATE CLEARING HOUSE				
12. Area Affected by Project: (cities, counties, states, etc.) California		Develop and implement regulatory programs for the prevention, detection, and correction of releases from UST systems containing petroleum or hazardous substances regulated under the Resource Conservation and Recovery Act (RCRA) Subtitle I.				
13. Proposed Project: Start Date 7/1/02	End Date 6/30/04	14. Congressional District of: Applicant: Project: 3 Californi	ía - All			
a. Federalb. Applicantc. Stated. Locale. Otherf. Program Income	\$247,600 \$0 \$82,533 \$0 \$0 \$0	available to the State E review on: Date: Ju b. NO: Program is not	s? n/preapplication was made CO 12372 process for ne 5, 2003 covered by EO # 12372 ot been selected by the			
g. TOTAL	\$330,133	17. Is the applicant delinquent on an YES, attach explanation	y Federal debt? NO			
TRUE AND CORRECT, TH APPLICANT, AND THE AI IS AWARDED.	IE DOCUMENT HAS BEEN DUL PPLICANT WILL COMPLY WITH	L DATA IN THIS APPLICATION/PREA Y AUTHORIZED BY THE GOVERNINC I THE ATTACHED ASSURANCES IF TI	G BOARD OF THE HE ASSISTANCE			
a. Typed Name of Authorize Celeste Cantú	-	b. Title: Executive Director	c. Telephone Number (916) 341-5615			
d. Signature of Authorized l	Representative		e. Date Signed:			

OMB Approval No. 0348-0043

P.02/02

APPLICAT	ION FOR					OMB Approval No. 0348-004
FEDERAL	ASSISTA	NCE	2. DATE SUBMITTED June 5	, 2003	Applicant Identif	
1. TYPE OF SUB	MISSION:	Bronneliestion	3. DATE RECEIVED BY	STATE	State Application	n Identifier
Application Constructi Non-Const	truction	Preapplication Construction Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifie	ır
5. APPLICANT II Legal Name:	NFORMATION			Organizational Unit:		
California		t of Corrections		Legislative Lia		
Address (give city		and zip code);				to be contacted on matters involving
P.O. Box 9				this application (give a William R. Cra	rea code) ane	
Sacrament	o, CA 9428	383		(916) 445-414		
6. EMPLOYER I	DENTIFICATION	NUMBER (EIN):	*	7. TYPE OF APPLICA		priate leπer in box)
94-	6 0 0 1	3 4 7		A. State	H. Independent	School Dist.
8. TYPE OF APP	LICATION:			B. County		ed Institution of Higher Learning
	☐ New	Continuation	Revision	C. Municipal	J. Private Univer	rsity
	b		·	D. Township	K. Indian Tribe	
If Revision, enter	appropriate lette	er(s) in box(es)		E. Interstate	L. Individual	
A. Increase Aw	am B Decr	rease Award C. Increase	- Duration	F. Intermunicipal G. Special District	M. Profit Organia N. Other (Specif	
D. Decrease Du		specify);	, Dorlandir			J/
				9. NAME OF FEDERA		
				Department of Ju	istice, Bureau	of Justice Assistance
10. CATALOG O	F FEDERAL DO	DMESTIC ASSISTANCE NU	JMBER:	11. DESCRIPTIVE TI	TLE OF APPLICA	ANT'S PROJECT:
		[16-606			e Program (SCAAP),
TITLE:	State Crimina	al Alien Assitance Pro	gram	Federal Fiscal Ye	ear 2003	The second secon
12. AREAS AFF	ECTED BY PRO	JECT (Cities, Counties, Sta	tes, etc.):		inaliteters _{tebo}	
N/A					***************************************	FICEN/FD
13. PROPOSED	PROJECT	14. CONGRESSIONAL DIS	STRICTS OF:		Water and the state of the stat	2003
Start Date	Ending Date	a. Applicant Statev	wide	b. Project	Statew	STATE OLEARING HOUSE
15. ESTIMATED	FUNDING:			16. IS APPLICATION		EVIEW BY STATE EXECUTIVE
			80	ORDER 12372 PF	ROCESS?	
a. Federal	_	\$ approx. \$62		a. YES. THIS PREA	APPLICATION/AP	PPLICATION WAS MADE
b. Applicant		\$		AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:		
c. State		\$.00	DATE	06/05/03	
d. Local		\$,00	h No II PROGRA	M IS NOT COVE	RED BY E O 12272
e. Other		\$.00	b. No. PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY FOR REVIEW		
f. Program Incom	e	\$.00	17. IS THE APPLICAL	NT DELINQUENT	ON ANY FEDERAL DEBT?
g. TOTAL \$ approx. \$62 million		Yes If "Yes,"				
		LEDGE AND BELIEF, ALL				
		AUTHORIZED BY THE GO THE ASSISTANCE IS AWA		E APPLICANT AND TH	HE APPLICANT V	VILL COMPLY WITH THE
a. Type Name of Michale NB. No	Authorized Repr		b. Title Legislative Liaison		c. Telephone Nu (916) 445-47	
d. Signature of A		entange			e. Date Signed	
- / / / / / / / / / / / / / / / / / / /	لاسلا	V) Max				5-03
Previous Edition		. — 🔾 -				lard Form 424 (Rev. 7-97) ribed by OMB Circular A-102

OMB Approval No. 0348-0043

LICATION FOR		2. DATE SUBMITTED		Applicant Identifier
ERAL ASSISTA	4CE	June 5, 200	3	1 de l'Ore
		3. DATE RECEIVED BY	STATE	State Application (dentifler
PE OF SUBMISSION:	n	1		Federal Identifier
plication Construction	Preapplication Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identitive
Non-Construction	Non-Construction	1		
PLICANT INFORMATION			Organizational Unit:	Administration
i Name:			Planning and	Building Administration number of person to be contected on matters involved
ounty of Colusa	s see zin coda):		Name and telephone	number of person to be contained
ress (give city, county, State	s, and zip occupy		this application (give	er, Jr. 209-419-1990
0 12th Street	-h CA 05032			
olusa, Colusa Cou	my, OA 30302		7. TYPE OF APPLIC	ANT: (enter appropriate letter in trox)
MPLOYER IDENTIFICATION	ON NUMBER (EIV)			H. Independent School Dist.
94-600	0 5 0 8	and the same of th	A. State	State Controlled Institution of Higher Learning
TYPE OF APPLICATION:			B. County C. Municipal	J. Private University
PN	ew Continuation	Revision	D. Township	K_ Indian Tribe
-	_·		E. Interstate	L. Individual
Revision, enter appropriate	leder(s) in box(es)		F. Intermunicipal	M. Profit Organization
ta P	Derrease Award C. Incre	esse Duration	G. Special Distric	N. Other (Specify)
A. Increase Award 8 E D. Decrease Duration Cth	NO. M. COCHAGO V. VIVIII.		9. NAME OF FEDE	RAL AGENCY:
3.000.000	·			
			USDA - Rural	TITLE OF APPLICANT'S PROJECT:
TITLE COMMUN	ity Facilities Loans		Criminal Justi	a County Courthouse Renovation and co Facility Expansion UN 5 2003
TITLE: Commun 2. AREAS AFFECTED BY Colusa County	ity Facilities Loans PROJECT (Cilles, Counties	s, States, etc.):	Criminal Justi	UN 5 2003
2. AREAS AFFECTED BY	PROJECT (Cilles, Counties	s, States, etc.):	Criminal Justi	ce Facility Expansion
2. AREAS AFFECTED BY Colusa County 3. PROPOSED PROJECT	PROJECT (Cilles, Counties	S, States, etc.):	Criminal Justi	CLEAHING HOUSE
2. AREAS AFFECTED BY Colusa County	14. CONGRESSIONA te 6. Applicant	s, States, etc.):	Criminal Justi	CLEAHING HOUSE
2. AREAS AFFECTED BY Colusa County 3. PROPOSED PROJECT Start Date Ending Da	14. CONGRESSIONA te s. Applicant Herger (2nd D	S, States, etc.):	b. Project	CLEAHING HOUSE (same)
2. AREAS AFFECTED BY Colusa County 3. PROPOSED PROJECT Start Date 9/1/03 6/1/03 15. ESTIMATED FUNDING	14. CONGRESSIONA te s. Applicant Herger (2nd D);	S. States, etc.): AL DISTRICTS OF: Dist.), Feinstein, Boxer	b. Project 18. (S APPLICATION ORDER 1233)	CLEAHING HOUSE (Same) (Same) (SPRICE TO REVIEW BY STATE EXECUTIVE PROCESS?
2. AREAS AFFECTED BY Colusa County 3. PROPOSED PROJECT Start Date Ending Date 9/1/03 6/1/03	14. CONGRESSIONA te s. Applicant Herger (2nd D	S. States, etc.): AL DISTRICTS OF: Dist.), Feinstein, Boxer 2,316,000	b. Project 16. IS APPLICA ORDER 1237	CLEARING HOUSE (Same) TION SUBJECT TO REVIEW BY STATE EXECUTIVE PROCESS?
2. AREAS AFFECTED BY Colusa County 3. PROPOSED PROJECT Start Date 9/1/03 6/1/03 16. ESTIMATED FUNDING a. Federal	14. CONGRESSIONA te s. Applicant Herger (2nd D);	S. States, etc.): AL DISTRICTS OF: Dist.), Feinstein, Boxer 2,316,000	b. Project 16. IS APPLICA ORDER 1233 2. YES. THIS	CLEAHING HOUSE (Same) (Same) (Same) (SPROCESS? PREAPPLICATION/APPLICATION WAS MADE ABLE TO THE STATE EXECUTIVE ORDER 12972
2. AREAS AFFECTED BY Colusa County 3. PROPOSED PROJECT Start Date 9/1/03 6/1/03 15. ESTIMATED FUNDING	PROJECT (Cilles, Counties 14. CONGRESSIONA te 6. Applicant Herger (2nd D ;	S. States, etc.): AL DISTRICTS OF: Dist.), Feinstein, Boxer 2,316,000	b. Project 16. IS APPLICA ORDER 1233 2. YES. THIS	(Same) (Same)
2. AREAS AFFECTED BY Colusa County 3. PROPOSED PROJECT Start Date 9/1/03 6/1/03 16. ESTIMATED FUNDING a. Federal	14. CONGRESSIONA te 6. Applicant Herger (2nd D)	S, States, etc.): AL DISTRICTS OF: Dist.), Feinstein, Boxer 2,316,000	b. Project 16. IS APPLICA ORDER 1233 2. YES. THIS	(Same) (Same)
2. AREAS AFFECTED BY Colusa County 3. PROPOSED PROJECT Start Date 9/1/03 6/1/03 15. ESTIMATED FUNDING 8. Federal b. Auplicant o. State	PROJECT (Cilles, Counties 14. CONGRESSIONA te 6. Applicant Herger (2nd D :	S, States, etc.): LL DISTRICTS OF: Dist.), Feinstein, Boxer 2,316,000 0 0	b. Project 16. IS APPLICA ORDER 123: a. YES. THIS AVAIL PROC	(Same) (Same)
2. AREAS AFFECTED BY Colusa County 3. PROPOSED PROJECT Start Date Ending Date 9/1/03 6/1/0: 16. ESTIMATED FUNDING a. Federal b. Applicant	PROJECT (Cilles, Counties 14. CONGRESSIONA te 6. Applicant Herger (2nd D ;	S, States, etc.): LL DISTRICTS OF: Dist.), Feinstein, Boxer 2,316,000 0 0 0 0	b. Project 16. IS APPLICA ORDER 123: 2. YES. THIS AVAIL PROC	(Same) (Same)
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2. AREAS AFFECTED BY Colusa County 3. PROPOSED PROJECT Start Date 9/1/03 6/1/03 15. ESTIMATED FUNDING 8. Federal b. Applicant o. State d. Local e. Other	PROJECT (Cilles, Counties 14. CONGRESSIONA te 6. Applicant Herger (2nd D ; \$ \$ \$ \$	2,316,000 0 0 0 0 0 0	b. Project 16. IS APPLICA ORDER 123: a. YES. THIS AVAIL PROC	(Same) (Same)
2. AREAS AFFECTED BY Coiusa County 3. PROPOSED PROJECT Start Date 9/1/03 6/1/03 15. ESTIMATED FUNDING 8. Federal b. Applicant o. State d. Local	PROJECT (Cilles, Counties 14. CONGRESSIONA te 6. Applicant Herger (2nd D : \$ \$ \$ \$	2,316,000 0 0 0 0 0 0 0	b. Project 16. IS APPLICA ORDER 1233 2. YES. THIS AVAIL PROC DATE b. No. PR	(Same) (Same)
2. AREAS AFFECTED BY Colusa County 3. PROPOSED PROJECT Start Date 9/1/03 6/1/03 15. ESTIMATED FUNDING 8. Federal b. Applicant o. State d. Local e. Other f Program Income	PROJECT (Cilles, Counties 14. CONGRESSIONA 18. G. Applicant Herger (2nd D ; \$ \$ \$ \$ \$ \$	2,316,000 0 0 0 0 0 0 0 0 0 0 0	b. Project 16. IS APPLICA ORDER 123: 2. YES. THIS AVAIL PROC DATE b. No. PR OR FO	(Same) (Same)
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2. AREAS AFFECTED BY Colusa County 3. PROPOSED PROJECT Start Date 9/1/03 6/1/03 19. ESTIMATED FUNDING 8. Federal b. Applicant c. State d. Local e. Other f. Program Income g. TOTAL 18. TO THE BEST OF M	PROJECT (Cilles, Counties 14. CONGRESSIONA 18. G. Applicant 15. Herger (2nd D 15. S 15. S 15. S 15. S 15. S 16. S 17. KNOWLEDGE AND BELL 16. ANTHORIZED BY	2,316,000 0 2,316,000 0 2,316,000 1EF, ALL DATA IN THIS AITHE GOVERNING BODY O	D. Project 16. IS APPLICA ORDER 1233 2. YES. THIS AVAIL PROC DATE b. No. PR OR FO 17. IS THE API Yes If	(Same) (Same)
2. AREAS AFFECTED BY Colusa County 3. PROPOSED PROJECT Start Date 9/1/03 6/1/03 16. ESTIMATED FUNDING a. Federal b. Auplicant c. State d. Local e. Other f Program Income g. TOTAL 18. TO THE BEST OF M. DOCUMENT HAB BEEN	PROJECT (Cilles, Counties 14. CONGRESSIONA 16. S. Applicant 15. Herger (2nd D 15. S 16. S 17. KNOWLEDGE AND BELL 16. IN DULY AUTHORIZED BY 17. CES IF THE ASSISTANCE	2,316,000 0 0 0 0 0 0 0 0 1EF, ALL DATA IN THIS AITHE GOVERNING BODY (18)	b. Project 16. IS APPLICA ORDER 123: a. YES. THIS AVAIL PROC DATE b. No. PR OR FO 17. IS THE API Yes it'	(Same) (Same)
2. AREAS AFFECTED BY Coiusa County 3. PROPOSED PROJECT Start Date 9/1/03 6/1/0: 16. ESTIMATED FUNDING a. Federal b. Applicant o. State d. Local e. Other f Program Income g. TOTAL 18. TO THE BEST OF M' DOCUMENT HAB BEEN ATTACHED ASSURAN a. Typo Name of Author:	PROJECT (Cilles, Counties 14. CONGRESSIONA 16. S. Applicant 15. Herger (2nd D 15. S 16. S 17. KNOWLEDGE AND BELL 16. IN DULY AUTHORIZED BY 17. CES IF THE ASSISTANCE	2,316,000 0 0 0 0 0 0 0 0 1EF, ALL DATA IN THIS AITHE GOVERNING BODY (18)	D. Project 16. IS APPLICA ORDER 1233 2. YES. THIS AVAIL PROC DATE b. No. PR OR FO 17. IS THE API Yes If	(Same) (Same)
2. AREAS AFFECTED BY Colusa County 3. PROPOSED PROJECT Start Date 9/1/03 6/1/03 16. ESTIMATED FUNDING a. Federal b. Auplicant c. State d. Local e. Other f Program Income g. TOTAL 18. TO THE BEST OF M. DOCUMENT HAB BEEN	14. CONGRESSIONA 16. S. Applicant 15. Herger (2nd D) 15. 16. S.	2,316,000 0 0 0 0 0 0 0 0 1EF, ALL DATA IN THIS AITHE GOVERNING BODY (18)	b. Project 16. IS APPLICA ORDER 123: a. YES. THIS AVAIL PROC DATE b. No. PR OR FO 17. IS THE API Yes it'	(Same) (Same)

		OMB Approval No. 0348-0043				
APPLICATION FOR	FEDERAL ASSISTANCE	Date Submitted Applicant Identifier				
1. Type of Submission:		3. Date Rec'd by State	State Application Identifier			
Application	Preapplication					
Construction	Construction	4. Date Rec'd by Federal	Federal Identifier			
X Nonconstruction	Nonconstruction	DE-FG03-95SF20574-A				
5. Applicant Information:		Organizational Unit:				
Legal Name and Address:		Central Valley Regional Water Quality Control Board				
(give city, county, state, an		Name and telephone of person to be contacted on matters				
	Resources Control Board	involving this application (give area code):				
	t, Sacramento County	Susan Timm				
Sacramento,	California 95814	(916) 255-3057				
6. Employer Identification	Number (EIN):	7. Type of Applicant: (enter appropriate of Applicant)	riate letter)A			
680281986	i i	A. State H. Inde	pendent School District			
		B. County I. State	Institute of Higher Learning			
8. Type of Application:			te University			
	n Continuation	D. Township K. India	in Tribe			
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10. Catalog of Federal Do	mestic Assistance Number	U. S. Environmental P	rotection Agency			
66.606		6 N				
Title: Surveys, Stu	dies, Investigations and Special	11. Descriptive Title of Applicant's	Project:			
Purpose G			3 3			
		Perform water quality oversight of D	OE environmental			
12. Area Affected by Project:		restoration and compliance activities	A men menden en periode de la companya del la companya de la companya de la companya del la companya de la companya del la companya de la companya de la companya de la companya de la companya del la companya			
(cities, counties, states, etc						
	California					
13. Proposed Project:						
Start Date 7/1/03	End Date	14. Congressional District of:				
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15. ESTIMATED FUNDI	NG:	3 Californi 16. Is the application subject to revie				
13. 133717171237 3.132		Executive Order (EO) 12372 process				
a. Federal	\$356,900	· · · · · · · · · · · · · · · · · · ·	n/preapplication was made			
b. Applicant	\$0	available to the State E				
c. State	\$0	review on:	Parameter Control			
d. Local	\$0	Date:	June 5, 2003			
e. Other	\$0	b. NO: Program is not	covered by EO # 12372			
f. Program Income	\$0	Program has no	ot been selected by the			
		state for review	<i>,</i>			
g. TOTAL	\$356,900	17. Is the applicant delinquent on an	y Federal debt?			
:		YES, attach explanation	NO			
18. TO THE BEST OF M	Y KNOWLEDGE AND BELIEF. A	LL DATA IN THIS APPLICATION/PREA	PPLICATION ARE			
		Y AUTHORIZED BY THE GOVERNING				
		H THE ATTACHED ASSURANCES IF TI				
IS AWARDED.						
a. Typed Name of Authori	zed Representative	b. Title:	c. Telephone Number			
Celeste Cant		Executive Director	(916) 341-5615			
d. Signature of Authorized	l Representative		e. Date Signed:			

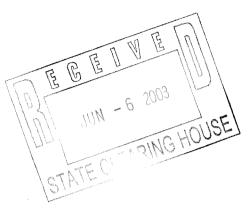
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OMB Approval No 0348-0043

	^	2. DATE SUBMITTED		Applicant Identifler
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_	1 1	y 2000		(give area code)
1505 W. Highland Av	venue, Suite #16		Camen M	ebster (909) 880-0600
San Bernardino, Ca. 6. EMPLOYER IDENTIFICATION		CLEARING HA	TOPE OF APP	PLICANT: (enter appropriate letter in box)
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D. Decrease Duration	E. Other (apecify):			
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10 6.7 00 07	DOMESTIC	blek	11 DESCRIPTI	ATION FOR CHILDREN AND FAMILIES IVE TITLE OF APPLICANT'S PROJECT:
10. CATALOG OF FEDERAL ASSISTANCE NO.	DOMESTIC	93-550		
	ND HOMELESS YOUTH PRO	GRAMS	Transitiona	al Living Program for San Bernardino County
i .	ROJECT (Cities, Counties, Sta		youth, 16-2	21 years and baby (if applicable). Eighteen f-sufficiency/independent living skills training and
State of California, Co.	unty of San Bernardino,	Accessible to youth	placement	r-sumiciency/independent living skills training and program with post program checks and success
from all cites withi	in San Bernardino Count	ty.	F	nent system.
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Start Date Ending Date			T .	. Project lew Directions Transitional Living Program
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15. ESTIMATED FUNDING		16. IS APPLICATION S	LIBLIECT TO REVI	EW BY STATE EXECUTIVE ORDER 12372 PROCESS?
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b. Applicant	\$0.00		6/05/2003	
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e. Other	(In-Kind) \$20,000.00			
Program Income	\$0.00	17. IS THE APPLIC	ANT DELINQUEN	IT ON ANY FEDERAL DEBT?
g. TOTAL	\$220,000.00	Yes, If "Yes", at	tach an amiana	ition 🛛 No
18. TO THE BEST OF MY KN	NOWLEDGE AND BELIEF, ALL C	DATA IN THIS APPLICATION	N/PREAPPLICATION	ON ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY THITHE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED
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Gwen Knotts		xecutive Director	w	(909) 880-0600
d. Signature of Authorized I				e. Date Signed
Juin No	notto			6/3/03
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at Name:			Organizational Unit:		THE PARTY OF THE P
ong Beach Com		ge District	Economic	& Resource De	velopment
traas (give city, county, State,	and zig cude		- Particular (number of person to be cont	acted on matters invo
001. E. Carso	n street G		this application (give a	area code)	
ong Beach, CA	9 \$ 3 3 8		Ms. Shene	ui Sloan, 562/	938-5004
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_egal Name:			Organizational Unit:		Management of the state of the
Long Beach Com	munity Colleg	e District		& Resource Deve	
Andress (give city, county, State,	, and zip coda):	THE THE	Name and telephone	number of person to be contact	ed on matters involvir
4901. E. Carso Long Beach, CA	lini L		1 11 11 1	ui Sloan,562/93	
6 EMPLOYER IDENTIFICATION 9 5 - 2 6 5 4		JUN - 6 2003	A. State	NT: (enter appropriate letter in H. Independent School Dist.	(xod
8 TYPE OF APPLICATION:		- IIIO III	DE Starty De Manuelpal	1. State Controlled Institution of	if Higher Learning
X Nev	Continuation A	TE CHEARING H	Us Municipal	J. Private University	
-	OIM	1 6	D. Township	K. Indian Tribe	
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		Annual Market School Sc		May 28, 2003 Standard Form 424 (7 Friescribed by OMB C	Rev 7.97)



I. General Information

Applicant Organization's Legal Name:

City of Riverside

Applicant Agency ORI Number: C A 0 3 3 1 3

The ORI number is assigned to your agency by the FBI for purposes of UCR crime reporting. It begins with your state abbreviation followed by five digits. If your agency does not have an ORI number, leave this blank, and the COPS Office will assign one to you. For further clarification, please refer to your Application Instructions Manual on page 13.

Applicant Agency EIN Number: 9 5 6 0 0 0 7 6 9

The EIN number is assigned to your agency by the Internal Revenue Service (IRS) and consists of nine digits. If the Office of Justice Programs has assigned your department an EIN number, please use that assigned number. Otherwise, your IRS EIN number should be used. For further clarification, please refer to your Application Instructions Manual on page 13.

Federal Congressional District Number: 43

Do not substitute state or local congressional districts. If your agency spans more than one congressional district, please list all those districts above.

Is your agency contracting for law enforcement services? [] Yes [] No If "yes," enter the name and agency information of the contract law enforcement department in the Executive Information section on page 3. For further clarification in determining if this applies to your agency, please see page 13 of the Application Instructions Manual.

In the space below, please provide a brief explanation of your agency's inability to implement this project without federal assistance. These funds would greatly enhance the ability of the Riverside Police Department to deploy officers to respond to terrorist threats, conduct periodic checks of critical facilities such as water reservoirs, utility substations, Federal, State and local government buildings and courts. Our current Mobile Field Force is comprised of field officers who, when called up, create a manpower shortage for all other calls for service. Additionally, the resources of the department have been strained due to requirements in the Stipulated Judgment from the State Attorney General.

II. Executive Information

The law enforcement and government executives that appear in this section must be those individuals who will have ultimate financial and programmatic authority for this grant. Typically, these are the highest-ranking officials within your jurisdiction (e.g., Chief of Police, Sheriff, or equivalent for law enforcement executives, and Mayor, City Administrator, or equivalent for government executives). Listing individuals without ultimate financial and programmatic authority for the grant could delay the review of your application, or remove your application from consideration.

Law Enforcement Executive's Name: Russ Leach
Title: Chief of Police Agency Name: Riverside Police Dept.
Address: 4102 Orange St.
Address: 4102 ordings bot
7:- Code: 92501
City: Riverside State: CA Zip Code: 92501
Telephone: (909) 826-5940 Fax: (909) 826-5360
E-mail (if applicable): rleach@ci.riverside.ca.us
Type of Law Enforcement Agency: State
Municipal
POR COLUMN TO A CO
Dlarge indicate: (Public of L) Phyaw)
☐ University/Conlege* Please Indicate: (☐ Value of Please Specify): ☐ Public Housing* ☐ New Start-Up* (please specify): ☐ Other*
and a starisk next to them must complete the dadinonal questioning to
found at the back of this Application Booklet, and include it with the application. Region
to page 3 of the Application Instructions Manual for more information.
Government Executive's Name: George A. Caravalho
With City Mar. Name of Government Entity: CILY OF RIVELSIGE
Address: 3900 Main St.
00501
City: Riverside State: CA Zip Code: 92501
Telephone: (909) 826-5761 Fax: (909) 826-5470
E-mail (if applicable): gcaravalho@ci.riverside.ca.us
Tradition
Type of Government Entry: State City Town County Village Borough Township Territory Region Council Community Pueblo
□ Village □ Borough □ Township □ Territory
☐ Region ☐ Council ☐ Community ☐ Fueblo ☐ Nation ☐ School District
☐ Nation ☐ School District ☐ Other (please specify):
Contact Information:
Contact finds an in your department who is familiar with this grant: Name: Linda Fonze
Name: Elitta Fonze Title: Sr. Management Analyst
Telephone: (909) 826-5869 Fax: (909) 826-5360
Femail (if applicable): 1fonze@c1.riverside.ca.us
E mail (if annicable): II onzecci i i zvoi o i i

3

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III. Department Information
Population served as of 2000 U.S. Census: 255, 166 If the population that your agency serves is not represented by U.S. Census figures (e.g., colleges, special departments, etc.), please indicate the size of the population served here: Square miles covered by your agency: 85.6 Exclude the population and square miles primarily served by other law enforcement agencies within your jurisdiction. For example, a sheriff's department must exclude populations and areas covered by a city police department for which the sheriff's department has no primary law enforcement authority.
Current budgeted locally-funded sworn force strength as of the date of application: Full-time officers: 353 Part-time officers: -0- The budgeted locally-funded sworn force strength is the number of sworn officer positions your department has allocated for its budget, including state and locally-funded vacancies. Do not include unpaid/reserve officers, COPS-funded positions (unless they are in the locally-funded retention period), or detention staff.
Current actual locally-funded sworn force strength as of the date of application: Full-time officers: 342 Part-time officers: -0- The actual locally-funded sworn force strength is the actual number of sworn officer positions employed by your department as of the date of application. Do not include vacant state or locally-funded positions, COPS-funded positions (unless they are in the locally-funded retention period), or unpaid/reserve positions.
IV. Officer Request Information
What is the total number of new officer position(s) your agency is applying for with this Universal Hiring Program application?
O Pout time: 0
Full-time: 9 Part-time: 0 Your request should be consistent with your agency's law enforcement needs. Do not request more positions than your agency can realistically support.
*Total amount of federal funds requested for all full-time and part-time officers: \$ 675,000
From Page 31, Box A on Budget Information Worksheets
*Total non-federal matching funds required (local share):
\$ 1,589,463 From Page 31, Box B on Budget Information Worksheets
*To answer these questions, complete and refer to the Universal Hiring Program 2003 Budget Information Worksheets provided in this Application Booklet.
Is your agency requesting a waiver of the local match requirement due to severe fiscal distress? [] Yes [UNo
If "yes," you must provide written justification as required per the Universal Hiring Program Waiver Information Worksheet. For further information, please refer to the "Guidelines for Waivers of the Local Match" section in the Application Instructions Manual, page 5. Requests for a waiver of the local match submitted without supporting

4

documentation will not be considered.

Universal Hiring Program Application Booklet

1. General Information

Applicant Organization's Legal Name:

Lompoc Police Department



Applicant Agency ORI Number: CA 0420200

The ORI number is assigned to your opency by the FBI for purposes of UCR crima reporting. It begins with your state abbreviation followed by five digits. If your agency does not have an ORI number, leave this blank, and the COPS Office will assign one to you. For further clarification, please refer to your Application Instructions Manual on page 13.

Applicant Agency EIN Number: 95-6000734

The EIN number is assigned to your agency by the Internal Revenue Service (IRS) and consists of nine digits. If the Office of Justice Programs has assigned your department an EIN number, please use that assigned number. Otherwise, your IRS EIN number should be used. For further clarification, please refer to your Application Instructions Manual on page 13.

Federal Congressional District Number: 24th

Do not substitute state or local congressional districts. If your agency spans more than
one congressional district, please list all those districts above.

Is your agency contracting for law enforcement services? [] Yes [x] No If "yes," enter the name and agency information of the contract law enforcement department in the Executive Information section on page 3. For further clarification in determining if this applies to your agency, please see page 13 of the Application Instructions Manual.

In the space below, please provide a brief explanation of your agency's inability to implement this project without federal assistance.

There is a lack of general fund monies to
sufficiently support the need to hire officers
to keep up with the residential growth of our
community. The lack of General Fund revenues has
been created by a budget crisis in the State of
California.

II. Executive Information

The law enforcement and government executives that appear in this section must be those individuals who will have ultimate financial and programmatic authority for this grant. Typically, these are the highest-ranking officials within your jurisdiction (e.g., Chief of Police, Sheriff, or equivalent for law enforcement executives, and Mayor, City Administrator, or equivalent for government executives). Listing individuals without ultimate financial and programmatic authority for the grant could delay the review of your application, or remove your application from consideration.

Law Enforcement Ex	cecutive's Name:_	William	F. Brown,	Jr.
Tide: Chief of F	olice Ago	ency Name:	Lompoc Pol	<u>ice Department</u>
Address: 107 Civ	vic Center P	laza		
City: Lompoc	State:	CA	Zip Code: <u>934</u>	3.6
Telephone: (805)	36-2341	Fax: (80)5) 8 <u>75–8047</u>	
E-mail (if applicable):				
is man (is appronois)			,	
Type of Law Enforce	ement Agency:			
XX Municipal	🗖 State	Cour	nty Police Departin	ient
☐ Sheriff*	☐ T ribal	□ Tran	sit*	
☐ School* ☐ University/College	# Diago indicate:	(C Public o	or Private)	
☐ Public Housing*	☐ New Start	-Up* (please	e specify):	
□Other* (please spee				
* Agency types with an				stionnaire
found at the back of this	Application Bookles	t, and include	it with the applicati	
to page 3 of the Applica	tion Instructions Ma	nual for more	r information.	
Government Execut	iva's Name: Ga	rv Keefe	2	
Title: City Admir				Lompoc
Address: 100 Civ	vic Center P	laza		
City: Lompoc	State:	CA	Zip Code: 934	436
Telephone: (805) 7	736-1261	Fax: (80)5) 736 <u>-</u> 5347	
E-mail (if applicable)				
Type of Governmen				
☐ State XA	City 🔲 🕽	Town	☐ County	
☐ Village ☐ I	Borough 07	Township	☐ Territory	
Region C	Council 🔲 🤇	Community	☐ Pucblo	
☐ Region ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	School District	,		
Other (please spec				
Contact Information	n:			
Contact person in you		is familiar	with this grant:	
Name: Timoth	y L. Dabney			
Title: Captai			4 (4	
Telephone: (805)		Fax: (8		7
E-mail (if applicable)			oc.ca.us	
it-mail (if applicable	E Garage		,	

in. Department information
Population served as of 2000 U.S. Census: 41,103
If the population that your agency serves is not represented by U.S. Census figures (e.g., colleges, special departments, etc.), please indicate the size of the population served here: Square miles covered by your agency: 11.4
Exclude the population and square miles primarily served by other law enforcement agencies within your jurisdiction. For example, a sheriff's department must exclude populations and areas covered by a city police department for which the sheriff's department has no primary law enforcement authority.
Current budgeted locally-funded sworn force strength as of the date of application: Full-time officers:O
The hudgeted locally-funded sworn force strength is the number of sworn officer positions your department has allocated for its budget, including state and locally-funded vacancies. Do not include unpaid/reserve officers, COPS-funded positions (unless they are in the locally-funded retention period), or detention staff.
Current actual locally-funded sworn force strength as of the date of application: Full-time officers: 47 Part-time officers: 0
The actual locally-funded sworn force strength is the actual number of sworn officer positions employed by your department as of the date of application. Do not include vacant state or locally-funded positions, COPS-funded positions (unless they are in the locally-funded retention period), or unpaidreserve positions.
IV. Officer Request Information
What is the total number of new officer position(s) your agency is applying for with this Universal Hiring Program application?
Full-time: 2 Part-time: Your request should be consistent with your agency's law enforcement needs. Do not request more positions than your agency can realistically support.
*Total amount of federal funds requested for all full-time and part-time officers: \$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
From Page 31, Box A on Budget Information Worksheets
*Total non-federal matching funds required (local share):
From Page 31, Box B on Budget Information Worksheets
*To answer these questions, complete and refer to the Universal Hiring Program 2003 Budget Information Worksheets provided in this Application Booklet.
Is your agency requesting a waiver of the local match requirement due to severe fiscal distress?
[] Yes [X] No If "yes," you must provide written justification as required per the Universal Hiring
Program Waiver Information Worksheet. For further information, please refer to the "Guidelines for Waivers of the Local Match" section in the Application Instructions Manual, page 5. Requests for a waiver of the local match submitted without supporting documentation will not be considered.

CHUALAR

FEDERAL ASSISTANCE 2. DATE ST		2. DATE SUBMITTED		**************************************	pproval No. 034	
		- DATE SUBMITTED	-	Applicant Identifier		
1. TYPE OF SUBINISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier		
Application Construction	Preapplication					
Non-Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier		
5. APPLICANT INFORMATIO	Non-Construction					
Legal Name: Housing	Anthority of	the Committee				
of Monte	erev	the County	Organizational Unit:			
Address (give city, county, State	te, and zip code):		isme and telephone	number of person to be contacte	5012	
	o Street , CA 93907	Ĺ	nls application (glve a	rea code)	mi aneithem no bi	
6. EMPLOYER IDE ITIFICATIO	ON NUMBER (EIN):					
9 4 -6 0 0 0		'	TYPE OF APPLICA	NT: (enter appropriate letter in b	(xox)	
	<u>, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,</u>		A. State	H. Independent School Dist	N	
8. TYPE OF APPLICATION:				I. State Controlled Institution of		
🙀 Ne	w Continuation	Revision	C. Municipal	J. Private University	. waner realuing	
If Revision, enter appropriate let	Her/s) in how/or)	1 []	D. Township	K. Indian Tribe		
Management Linear Management		J [t		L. Individual		
A. Increase Award B. Dec	C. Increase	Duration	. Intermunicipal 3. Special District	M. Profit Organization		
	(specify):		a. Special District	N. Other (Specify) <u>Public</u> Author	<u>Housing</u>	
		9,	NAME OF FEDERAL	AGENCY:	LLY	
	<u> 111N - 4 2003</u>					
Soul Front			USDA - Rural Development			
O. CATALOG OF FEDERAL DO	OMESTIC ASSISTANCE NU	MBER: 11.	DESCRIPTIVE TITL	E OF APPLICANT'S PROJECT		
STA	TE CLEARING HO	10 4 0 5 R	ehabilitat	ion of existing	1 - 29 - 11 n	
TITLE: USDA Se	ction 514, loar	F	arm Lahor	Center original	7 65 W.L.	
				center otiginal	ו לנום עב.	
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APPLICATION FOR OMB Approval No. 0348-0043 FEDERAL ASSISTANCE 2. DATE SUBMITTED Applicant Identifier 1. TYPE OF SUEMISSION: 3. DATE RECEIVED BY STATE State Application Identifier Application Preapplication Construction Construction 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier ☐ Non-Construction Non-Construction 5. APPLICANT INFORMATION Legal Nama: Organizational Unit: Housing Authority of the County/Monter Address (give city, county, State, and zip code): Name and telephone number of person to be contacted on matters involving 123 Rico Street this application (give area code) Salinas, CA 93901 Patrick Dwire (831) 775-5012 6. EMPLOYER ID! NTIFICATION NUMBER (EIN): 7. TYPE OF APPLICANT: (enter appropriate letter in box) 94-6000757 N A. State H. Independent School Dist. 8. TYPE OF APPLICATION: B. County i. State Controlled institution of Higher Learning Continuation C. Municipal Revision J. Private University If Revision, enter at propriate letter(s) in box(es) D. Township K. Indian Triba E. Interstate L. Individual F. Intermunicipal M. Profit Organization A. Increase Award B. Decrease Award C. Increase Duration G. Special District Public Housing D. Decrease Duration Other(specify): N. Other (Specify) _ Authority 9. NAME OF FEDERAL AGENCY: 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Rehabilitation of existing, 57-unit 10-405 TITLE: USDA Section 514 loan FLH Farm Labor Center built by USDA, 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): owned by the Housing Auyhority of the County of Monterey City of Salinas 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: Sam Farr - 17th U.S. Congressional District Start Date Endir q Date a. Applicant 10/03 01/04 17th Congressional Dist 17th Congressional District 15. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Federal (sec. 514 Loan 234,763.00 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE b. Applicant AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 Replacement Reserves \$153,000.00 PROCESS FOR REVIEW ON: c. State (Joe Serna Grant) \$775,504.00 d. Local DATE ___ b. No. | PROGRAM IS NOT COVERED BY E. O. 12372 e. Other 500 OR PROGRAM HAS NOT BEEN SELECTED BY STATE f. Program Income FOR REVIEW \$ 00 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? g. TOTAL Yes If "Yes," attach an explanation. <u>\$1,1</u>63,267.00 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE ☐ No DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Type Name of Authorized Representative James S Nakashima c. Telephone Number Executive Director 1. Signature of Authorized Representative (831) 424-2892 e. Date Signed revious Edition Usable 0.7/23

P.02

APPLICATION FEDERAL AS		~	2. DATE SUBMITTED MAY 1, 2003	Applicant Identifier VC999043-08-01			
1. TYPE OF SUBMISSI	ON:		3. DATE RECEIVED BY STATE	State Application Identifier			
Application		Preapplication					
☐ Construction ■ Non-Construction		□ Construction □ Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier			
5. APPLICANT INFOR	MATION						
Legal Name: DEPARTN	MENT of TOXIC SUI	STANCES CONTROL	Organizational Unit: SITE MITIGATION & BRO	OWNFIELDS REUSE PROGRAM			
Address (give city, county 1001 I STREET, 11th P.O. BOX 806 SACRAMENTO, CAL	FLOOR	06	Name and telephone number of the person to be contacted on matters involving this application (give area code) MARIA BONILLA (916) 324-2444				
8. TYPE OF APPLICAT	2 8 1 3 8 1 FION: Intinuation □ Revision riate letter(s) in box(es): Award B. Decrease Duration D. Decrease	Award	C. Municipal J. Private Unive D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organ G. Special District N. Other (Special	School District Institution of Higher Learning reity ization (5):			
TITLE: EI 12. AREAS AFFECTED STATEWIDE C	D BY PROJECT (CITIES CALIFORNIA	ESTORATION PROGRAM , COUNTIES, STATES, ETC) 14. CONGRESSIONAL DISTRICT OF:	FFY 2001 STATE CORE SUPERFUND PROGR. FOR NON-SITE SPECIFIC ADMINISTRATIVE SACRAMENTO CITY FIRE DEPARTMENT CO	AND			
13. PROPOSED PROJE				L. D			
Start Date	End Date	a. Applicant:		b. Project 5 & 6			
07/01/2003	06/30/2005	3 & 0					
15. Estimated Funding:			16. IS APPLICATION SUBJECT TO REVIE 12372 PROCESS?	W BY STATE EXECUTIVE ORDER			
a. Federal*		\$ 600,000	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW				
b. Applicant		\$	ON:				
c. State		\$ 66,666	DATE				
d. Local		\$	b. NO. □ PROGRAM IS NOT COVERED BY E □ OR PROGRAM HAS NOT BEEN SE				
e. Other		\$					
f. Program Incor	ne	\$	17. IS THE APPLICANT DELINQUENT ON Yes If "Yes" attach an explana				
g. TOTAL		\$ 666,666					
BEEN DUL	ST OF MY KNOWLED Y AUTHORIZED BY T TANCE IS AWARDED	GE AND BELIEF. ALL DATA IN THIS APP HE GOVERNING BODY OF THE APPLICAN	PLICATION/PREAPPLICATION ARE TRUE AND COINT AND THE APPLICANT WILL COMPLY WITH TH	RRECT, THE DOCUMENT HAS IE ATTACHED ASSURANCES IF			
a. Typed Name of Author	orized Representative.	DOROTHY RICE	b. Title: DEPUTY DIRECTOR	c. Telephone No. (916) 323-3576			
d. Signature of Authoriz		Down Ric		c. Date Signed			
Previous Editions Not Usable				Standard Firm 424A (REV 4-88 Prescribed by OMB Circular A-10			

14:29 #849 P.02/02 2003,0° 3 14:29 #84 אבקבטעני זיי זונאבוע דיי

APPLICATION FOR	1				O	MB Approval No. 0348-00
FEDERAL ASSISTA	INCE	2. DATE	SUBMITTED	T+	Applicant Identifier	
	1				N/A	
1. TYPE OF SUBMISSION:		3. DATE	RECEIVED B	Y STATE	State Application Identifie	r
Application Construction	Preapplication Construction	A DATE	ncoeuren e	V PShomal design	N/A	
X Non-Construction	Non-Construction	4. UAIE	HECEIVED B	Y FEDERAL AGENCY		
5. APPLICANT INFORMATION		<u> </u>		The second secon	Region 9 Track	ing #03-259
Legal Name:	The second secon	@ G I	-W=15 F	Organizational Unit		
City of Ripon	计和逻辑	B _E Ent		1 1 53 Km 1	Corporation	
Address (give city, county, State	e, and zip code):				number of person to be con	itacted on matters involvi
259 N. Wilma Ave Ripon, CA 95366	enue	JUN 3 -	2003	this application (give	a <i>rea code)</i> 209/599 hado, City Engin)–2108
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):				ANT: (enter appropriate lettu	
94-6000	406 STATE	CLEAR	HHIGHA	USEII:		[C]
		And Instituted 817	ACH EUM	A State	H. Independent School Di	8t.
8. TYPE OF APPLICATION:	According to the control of the cont	No. 100 P. Commission	and the second s	B. County	I. State Controlled Instituti	on of Higher Learning
⊠ Ne≀	w Continuation	Re	evision	C. Municipal	J. Private University	. *
If Revision, enter appropriate let	ter(e) in having)			D. Township E. Interstate	K. Indian Tribe	. ••
	rei(a) iii max(aa)			F. Internunicipal	L Individual M. Profit Organization	
A. Increase Award B. Dec	crease Award C. Increase	Duration		G. Special District	N. Other (Specify)	
D. Decrease Duration Other	(spacify):		***************************************		· · · · · · · · · · · · · · · · · · ·	•
	•			9. NAME OF FEDER	AL AGENCY:	
				T C B	nama 1 Decare and a	
				n.2. SHAYLOM	mental Protection	n Agency
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE NU	MBER:			TLE OF APPLICANT'S PRO	
		6 6 -	606	To evalua	ate, design and	construct
TITLE. Catalog	of Federal Domest				stems which com	
12. AREAS AFFECTED BY PHO	O.I. F.C.T. (Cities Counties Str.	fac atals	rstance		and Cal/EPA (AB	463) Drinking
		•		Warer Stands	ards-Arsenic.	,
City of Ripon:	approximately 5 San Joaquin Cty,	square Califo	miles		•	
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS			CA Assembly	man Agazarian,	Dist. 26
	US Congressman	Pombo,	Dist. l	1; CA Senator	Poochigian, Dis	t. 14
Stant Date Summer03 Fall 05	a. Applicant			b. Project		
	City of Ripon		<u> </u>		Treatment System	
15. ESTIMATED FUNDING:	•				SUBJECT TO REVIEW BY	STATE EXECUTIVE
ı. Federal	Te		Δ0	ORDER 12372 PR	OCE 5 87	
i Tudoria	\$ 433,700			" VER THE DOES		511144 ~ 4 4 4 m ~
. Applicant	\$	•	00	AVAII ARI E	PPLICATION/APPLICATION TO THE STATE EXECUTIVE	N WAS MADE
	354,845				FOR REVIEW ON:	VE ORDER 12372
. State	\$	•	٥٥	•		
		***		DATE	Iune 3, 2003 (Fa	s & US Mail)
. Local	5		00			
. Other	S		00		M IS NOT COVERED BY E.	
. Onle	3			LIOR PROG FOR REVI	RAM HAS NOT BEEN SEL	ECTED BY STATE
Program Income	\$ =		00	FOR REVI	EYV	
	·		•	17. IS THE APPLICAN	T DELINQUENT ON ANY F	EDERAL DERTO
. TOTAL	\$		oci .			
	788,545				itech an explanation.	No K
8. TO THE BEST OF MY KNOW	/LEDGE AND BELIEF, ALL	DATA IN T	HIS APPLICA	ATION/PREAPPLICATI	ON ARE TRUE AND CORP	RECT, THE
pocument has been duly .	AUTHORIZED BY THE GOV	erning b	ODY OF THE	APPLICANT AND TH	E APPLICANT WILL COMP	LY WITH THE
ATTACHED ASSURANCES IF T Type Name of Authorized Repr						
Matthew Machado	esentative	. Title Ci t	y Engine	er l	c. Telephone Number	-
. Signature of Authorized Repres	entative/	O.K.E.	علىدى ب		209/599-2108 a. Date Signed	
statte M	2 from				6.3.03	
revious Edition Licable						

Application for Federal Assistance

U.S. Department of Housing and Urban Development

proval No.2501-0017 (exp. 03/31/2005)

	2. Date Su	plication Number				
1. Type of Submission	0 D-4	06/13/2003 d Time Received by HUD	5 Evicting	Grant Number		
X Application Preapplication	3. Date an	a time Received by HOD	J. Existing	Grant Number		
			6. Applica	nt Identification Nu	ımber	
7. Applicant's Legal Name Providence Foundation of San Fr	rancisco	8. Organizational Unit		N/A		
9. Address (give city, county, State, and zip code)		10. Name,title,telephone number,f				
A. Address: P.O. Box 24117		contacted on matters involving this	s applicatio	on (including area	codes)	
B. City: San Francisco		A. Name: William Pickel				
C. County: San Francisco		B. Title: Development Project				
D. State: CA		C. Phone: (510) 632-6712 ext. 1	21		,	
E. Zip Code:94124-0177		D. Fax; (510) 632-6704 E. E-mail: bpickel@cchnc.org				
			into Intio	urin haut)	N	
11. Employer Identification Number (EIN) or SSN		12. Type of Applicant (enter appro		rsity or College	IN IN	
93-1204173		A. State	J. Indiar	•		
		B. County			using Entity (TDHE)	
13. Type of Application		C. Municipal	L. Indivi		using chitty (15112)	
X New Continuation Renewal Re	evision	D. Township		t Organization		
	1	E. Interstate		J		
If Revision, enter appropriate letters in box(es)	J	F. Intermunicipal N. Non-profit				
A. Increase Amount B. Decrease Amount C. Increase Duration	י ר	G. Special District O. Public Housing Authority H. Independent School District P. Other (Specify)				
D. Decrease Duration E. Other (Specify)		H. Independent School District	r. Othe	і (Ореспу)		
		14. Name of Federal Agency U.S. Department of Housing	and Hrh	an Develonmer	nt l	
45 O 4 1 4 5 1 4 D 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		16. Descriptive Title of Applicant's		an bevelopine.		
15. Catalog of Federal Domestic Assistance (CFDA) Number	157	Providence Senior Housing				
Title: Sect. 202 Supportive Housing for the Elderly Capital /		Rental Housing for Very Low-In- Coordination	come Elde	erly w/ on-site Soc	ial Service	
Component Title:		Coordination		San Arman		
 Areas affected by Program (boroughs, cities, counties, Sta Indian Reservation, etc.) City and County of San Francis 	co			JUN	3 2003	
18a. Proposed Program start date 18b. Proposed Program 6/13/03 6/13/45	end date	19a. Congressional Districts of Ap 8th		19b. Congressiona	al Districts of	
20. Estimated Funding: Applicant must complete the Fundi	ing Matrix	on Page 2.			en e	
21. Is Application subject to review by State Executive Order 1						
A. Yes X This preapplication/application was made as	vailable to	the State Executive Order 12372 P	rocess for	review on: Date_5	5/27/03	
B. No Program is not covered by E.O. 12372						
Program has not been selected by State for	review.					
22. Is the Applicant delinquent on any Federal debt? X Yes, "explain below or attach an explanation.	No					

Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

Grant Program*	HUD	Applicant		Other Federal		Local/Tribal	Other	Program	Total
	Share	Match	Funds	Share	Share	Share		Income	
HUD Section 202	5,969,750.00	10,000.00	208,250.00		-	2,579,148.00			-8 ,767,350.00 8,767,148.0
					:				0.00
									0.00
	,	·							0.00
									. 0.00
Grand Totals	5,969,750.00	10,000.00	208,250.00	0.00	0.00	2,579,148.00	0.00	0.00	8,767,148.00

^{*} For FHIPs, show both initiative and component

- * Section 202 Program requires sponsor to make minimum capital contribution of \$10,000.00 to new 501(c)3 ownership entity.
- ** \$208,250 Annual Project Rental Assistance payments subject to annual Congressional appropriations.
- *** From San Francisco Redevelopment Agency

Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.

This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.

71			
23. Signature of Authorized Official)	Name (printed)	James Blanding
Title	President		Date (mm/dd/yyyy) 05/27/2003

Application for Federal

~5515talle		2. Date Subm	itted		Applicant Identifier	
		05/	05/15/03		B-03-MC-06-0534	
1. Type of Submission:		3. Date Recei	ived by Stat 01/03	е	State Application Identifier	
Application: Non - Cons Preapplication:	truction	4. Date Recei	ived by Fed 15/03	eral Agency	Federal Identifier	
5. Applicant Information						
Legal Name				Organizational Unit		
City of Oxnard				Finance Depart	ment-Grants Management	
Address 300 West Third Street, Suite 302 Oxnard, CA 93030			Contact Norma J. Owen 805.385.7477	s		
Ventura County					Nadion (Miles on a constituent and the form of the form of the constituent and the constituent	
6. Employer Identification Number 95600756	r (EIN):			7. Type of Applicant: Municipal		
8. Type of Application: Type: Continuation				,		
				Name of Federal Agency		
				• .	ousing and Urban Development	
10. Catalog of Federal Domestic A Catalog Number: 14.21 Assistance Title: Comi		nt Block Grant	(CDBG)	April admining a plantage of	oment Block Grant Program (CDBG)	
2. Areas Affected by Project: City of Oxnard				ALAV	EVED	
13. Proposed Project:		14. Cor	ngressional	Districts of	6 9 2003	
Start Date En 07/01/03	od Date 06/30/04	a. Appli	icant 23	STATE GLEA	b. Project ARING H <mark>23</mark> USE	
15. Estimated Funding:			16. ls Ap	A 19 S. Sharest rest of the 19 St. 19	y State Executive Order 12372 Process?	
a. Federal	\$3,363,00	0	Re	Review Status: Program covered		
b. Applicant	\$0			Date: 07/01/03		
c. State	\$0					
d. Local	\$0		17. Is the	Is the Applicant Delinquent on Any Federal Debt?		
e. Other \$0				No .		
f. Program Income \$0						
g. Total	\$ 3,363,00	00				
18. To the best of my knowledge by the governing body of the appli					document has been duly authorized nice is awarded.	
a. Typed Name of Authorized Rep	resentative	b. Title	Manager		c. Telephone Number 805.385,7428	
d. Signature of Authorized Reptes	Andrews	Oity	ariagei		e. Date Signed	
a. Signature of Authorized Replies	(5)				05/14/03	

Application for Federal Assistance Applicant Identifier 2. Date Submitted S-03-MC-06-0534 05/15/03 State Application Identifier 3. Date Received by State 1. Type of Submission: 07/01/03 Application: Non - Construction Federal Identifier 4. Date Received by Federal Agency Preapplication: 05/15/03 5. Applicant Information Legal Name Organizational Unit Finance Department-Grants Management City of Oxnard Address Norma J. Owens 300 West Third Street, Suite 302 805.385.7477 Oxnard, CA 93030 Ventura 7. Type of Applicant: 6. Employer Identification Number (EIN): 956000756 Municipal 8. Type of Application: Continuation Type: 9. Name of Federal Agency: U.S. Dept. of Housing and Urban Development 10. Catalog of Federal Domestic Assistance Number: 11. Descriptive Title of Applicant's Project: Emergency Shelter Grant Program (ESG) Catalog Number: 14.231 Emergency Shelter Grant (ESG) Assistance Title: 2. Areas Affected by Project: City of Oxnard 14. Congressional Districts of: 13. Proposed Project: Start Date End Date a. Applicant b. Project 06/30/04 07/01/03 16. Is Application Subject to Review by State Executive Order 12372 Process? 15. Estimated Funding: a. Federal Program covered Review Status: \$106,000 07/01/03 Date: b. Applicant \$0 c. State \$0 17. Is the Applicant Delinquent on Any Federal Debt? d. Local \$0 No e. Other \$0 f. Program Income \$0 g. Total \$ 106,000 18. To the best of my knowledge and belief, all data in this application/preapplication are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Typed Name of Authorized Representative
Edmund F. Sotelo
City Manager

d. Signature of Authorized Representative

b. Title
c. Telephone Number
805.385.7428

e. Date Signed
05/14/03

FDERAL	ON FOR		2. DATE SUBMITTED		Applicant Identifier
	RAL ASSISTANCE June 2		2003	10.00	
					State Application Identifier
TYPE OF SUB	MISSION:		3. DATE RECEIVED B	YSTAIL	State Application (defining)
Application		Preapplication		Y FEDERAL AGENCY	Federal Identifier
Constructi	on	Construction	i	Y PEDERAL AGENT	
Non-Const	truction	Non-Construction			
	NFORMATION			Organizational Unit:	
gal Name:	- 0	h Equadation	•	Center for Eco	onomic Development
SU, Chic	o Researc	h Foundation		Name and telephone	number of person to be contacted on matters invol-
dress (give cit	y, county, State,	and zip code):		this application (give a	area code)
(endall Hall, F	Room 114				
SU, Chico Chico, CA 959	29-0870			<u>Jar</u>	nice Rhodd 530-898-4598
FARDL OVER I	DENTIFICATIO	N NUMBER (EIN):		7. TYPE OF APPLICA	ANT: (enter appropriate letter in box)
				1	H. Independent School Dist.
6 8 -	0 3 8 6			A. State	State Controlled Institution of Higher Learning
TYPE OF API	PLICATION:			B. County C. Municipal	J. Private University
, =	✓ Nev	✓ ☐ Continuation	n Revision	D. Township	K. Indian Tribe
	-	V Incest		E. Interstate	L. Individual
Revision, ente	r appropriate let	ter(s) in box(es)		F. Internunicipal	M. Profit Organization
		Assumed C Inc	rease Duration	G. Special District	N. Other (Specify)
A. Increase A			Hease Duranon		
D. Decrease I	Juration Other	(specify):		9. NAME OF FEDER	RAL AGENCY:
				U.S. SMALL BL	ISINESS ADMINISTRATION
				A4 DESCRIPTIVE T	TILE OF APPLICANT'S PROJECT:
0. CATALOG	OF FEDERAL D	OMESTIC ASSISTANC	CE NUMBER:		
			5 9 — 0 3	7 CSU, Chico Re	search Foundation Center for Economic
			MENT CENTER	Development L	ead SBDC Application (six months)
TITLE	: SMALL BU	SINESS DEVELOF	e Stotes etc.)		
12. AREAS AF	LECIED BA NE	OJECT (Cities, Countie	levada, Placer, Plumas, Shasta, San lies	<u>,</u>	
Amagor, Bulle, Can	Merce Sutter Tohom	Trinity Volo and Yuba count			
Joaquiti, Sierra, Ola	Kiyou, Sulter, Feriami	a, thinly, tolo, and topa to	lies		
		14. CONGRESSION			
3. PROPOSE		14. CONGRESSION	AL DISTRICTS OF:	b. Project	First Second Third Fourth
3. PROPOSE	D PROJECT	14. CONGRESSION		b. Project	First, Second, Third, Fourth
3, PROPOSE Start Date 7/1/03	Ending Date 12/31/03	14. CONGRESSION	AL DISTRICTS OF:	b. Project	N SUBJECT TO REVIEW BY STATE EXECUTIVE
13, PROPOSE Start Date 7/1/03	Ending Date 12/31/03	14. CONGRESSION	AL DISTRICTS OF: Second	b. Project 16. IS APPLICATIO ORDER 12372	ON SUBJECT TO REVIEW BY STATE EXECUTIVE PROCESS?
13, FROPOSE Start Date 7/1/03 15, ESTIMATE	Ending Date 12/31/03	14. CONGRESSION	AL DISTRICTS OF: Second	b. Project 16. IS APPLICATIO ORDER 12372	ON SUBJECT TO REVIEW BY STATE EXECUTIVE PROCESS? FAPPLICATION/APPLICATION WAS MADE
I3, FROPOSE Start Date 7/1/03 15, ESTIMATE	Ending Date 12/31/03	a. Applicant	Second 509,635	b. Project 16. IS APPLICATIO ORDER 12372	ON SUBJECT TO REVIEW BY STATE EXECUTIVE PROCESS? FAPPLICATION/APPLICATION WAS MADE
13, FROPOSE Start Date 7/1/03 15, ESTIMATE a. Federal	Ending Date 12/31/03	a. Applicant	AL DISTRICTS OF: Second	b. Project 16. IS APPLICATIO ORDER 12372 a. YES. THIS PR AVAILAE	ON SUBJECT TO REVIEW BY STATE EXECUTIVE PROCESS? EAPPLICATION/APPLICATION WAS MADE BLE TO THE STATE EXECUTIVE ORDER 12372
Start Date 7/1/03 15. ESTIMATE a. Federal b. Applicant	Ending Date 12/31/03	a. Applicant \$	Second 509,635	b. Project 16. IS APPLICATIO ORDER 12372 a. YES. THIS PR AVAILAE PROCES	PROCESS? EAPPLICATION/APPLICATION WAS MADE SLE TO THE STATE EXECUTIVE ORDER 12372 SS FOR REVIEW ON:
13. FROPOSE Start Date 7/1/03 15. ESTIMATE a. Federal	Ending Date 12/31/03	a. Applicant	Second 509,635	b. Project 16. IS APPLICATIO ORDER 12372 a. YES. THIS PR AVAILAE PROCES	ON SUBJECT TO REVIEW BY STATE EXECUTIVE PROCESS? EAPPLICATION/APPLICATION WAS MADE BLE TO THE STATE EXECUTIVE ORDER 12372
13. FROPOSE Start Date 7/1/03 15. ESTIMATE a. Federal b. Applicant c. State	Ending Date 12/31/03	a. Applicant \$ \$ \$	Second 509,635	b. Project 16. IS APPLICATIO ORDER 12372 a. YES. THIS PR AVAILAE PROCES DATE	PROCESS? EAPPLICATION/APPLICATION WAS MADE BLE TO THE STATE EXECUTIVE ORDER 12372 BS FOR REVIEW ON:
13. FROPOSE Start Date 7/1/03 15. ESTIMATE a. Federal b. Applicant	Ending Date 12/31/03	a. Applicant \$	Second 509,635	b. Project 16. IS APPLICATIO ORDER 12372 a. YES. THIS PR AVAILAE PROCES DATE	PROCESS? EAPPLICATION/APPLICATION WAS MADE BLE TO THE STATE EXECUTIVE ORDER 12372 BS FOR REVIEW ON: ERAM IS NOT COVERED BY E. O. 12372
13. FROPOSE Start Date 7/1/03 15. ESTIMATE a. Federal b. Applicant c. State d. Local	Ending Date 12/31/03	a. Applicant \$ \$ \$ \$	Second 509,635 00 00 00	b. Project 16. IS APPLICATIO ORDER 12372 a. YES. THIS PR AVAILAE PROCES DATE b. No. PROG	PROCESS? EAPPLICATION/APPLICATION WAS MADE BLE TO THE STATE EXECUTIVE ORDER 12372 ES FOR REVIEW ON: ERAM IS NOT COVERED BY E. O. 12372 ROGRAM HAS NOT BEEN SELECTED BY STATE
13. FROPOSE Start Date 7/1/03 15. ESTIMATE a. Federal b. Applicant c. State	Ending Date 12/31/03	a. Applicant \$ \$ \$	Second 509,635	b. Project 16. IS APPLICATIO ORDER 12372 a. YES. THIS PR AVAILAE PROCES DATE b. No. PROG	PROCESS? EAPPLICATION/APPLICATION WAS MADE BLE TO THE STATE EXECUTIVE ORDER 12372 BS FOR REVIEW ON: ERAM IS NOT COVERED BY E. O. 12372
13. FROPOSE Start Date 7/1/03 15. ESTIMATE a. Federal b. Applicant c. State d. Local e. Other	Ending Date 12/31/03 D FUNDING:	a. Applicant \$ \$ \$ \$ \$ \$	Second 509,635 00 00 00	b. Project 16. IS APPLICATION ORDER 12372 a. YES. THIS PR AVAILAE PROCES DATE b. No. PROG OR PE FOR F	PROCESS? EAPPLICATION/APPLICATION WAS MADE SILE TO THE STATE EXECUTIVE ORDER 12372 ES FOR REVIEW ON: ERAM IS NOT COVERED BY E. O. 12372 ROGRAM HAS NOT BEEN SELECTED BY STATE
I3. FROPOSE Start Date 7/1/03 15. ESTIMATE a. Federal b. Applicant c. State d. Local e. Other	Ending Date 12/31/03 D FUNDING:	14. CONGRESSION	Second 509,635 00 00 00 643,790	b. Project 16. IS APPLICATION ORDER 12372 a. YES. THIS PR AVAILAE PROCES DATE b. No. PROG OR PE FOR F	PROCESS? EAPPLICATION/APPLICATION WAS MADE BLE TO THE STATE EXECUTIVE ORDER 12372 ES FOR REVIEW ON: ERAM IS NOT COVERED BY E. O. 12372 ROGRAM HAS NOT BEEN SELECTED BY STATE
13. FROPOSE Start Date 7/1/03 15. ESTIMATE a. Federal b. Applicant c. State d. Local e. Other	Ending Date 12/31/03 D FUNDING:	a. Applicant \$ \$ \$ \$ \$ \$ \$	Second 509,635 00 00 643,790 00 00 00 00	b. Project 16. IS APPLICATION ORDER 12372 a. YES. THIS PR AVAILAE PROCES DATE b. No. PROG OR PR FOR R	PROCESS? EAPPLICATION/APPLICATION WAS MADE SLE TO THE STATE EXECUTIVE ORDER 12372 ES FOR REVIEW ON: ERAM IS NOT COVERED BY E. O. 12372 ROGRAM HAS NOT BEEN SELECTED BY STATE REVIEW CANT DELINQUENT ON ANY FEDERAL DEBT?
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13. FROPOSE Start Date 7/1/03 15. ESTIMATE a. Federal b. Applicant c. State d. Local e. Other f. Program Inc	Ending Date 12/31/03 D FUNDING:	a. Applicant \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Second 509,635 00 00 643,790 00 1,153,425	b. Project 16. IS APPLICATIO ORDER 12372 a. YES. THIS PR AVAILAE PROCES DATE b. No. PROG OR PR FOR R 17. IS THE APPLIC	EAPPLICATION/APPLICATION WAS MADE BLE TO THE STATE EXECUTIVE ORDER 12372 BS FOR REVIEW ON: BRAM IS NOT COVERED BY E. O. 12372 ROGRAM HAS NOT BEEN SELECTED BY STATE REVIEW CANT DELINQUENT ON ANY FEDERAL DEBT? S," attach an explanation.
3, FROPOSE Start Date 7/1/03 15, ESTIMATE a. Federal b. Applicant c. State d. Local e. Other f. Program Inc	Ending Date 12/31/03 D FUNDING:	a. Applicant \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Second 509,635 00 00 643,790 00 1,153,425	b. Project 16. IS APPLICATIO ORDER 12372 a. YES. THIS PR AVAILAE PROCES DATE b. No. PROG OR PR FOR R 17. IS THE APPLIC	EAPPLICATION/APPLICATION WAS MADE BLE TO THE STATE EXECUTIVE ORDER 12372 SS FOR REVIEW ON: GRAM IS NOT COVERED BY E. O. 12372 ROGRAM HAS NOT BEEN SELECTED BY STATE REVIEW CANT DELINQUENT ON ANY FEDERAL DEBT? 5," attach an explanation.
I3. FROPOSE Start Date 7/1/03 15. ESTIMATE a. Federal b. Applicant c. State d. Local e. Other f. Program Inc g. TOTAL 18. TO THE E	Ending Date 12/31/03 D FUNDING: orne BEST OF MY KN HAS BEEN DU	a. Applicant a. Applicant \$ \$ \$ \$ \$ \$ S S S S S S S S S S S S S	AL DISTRICTS OF: Second 509,635 00 00 643,790 00 1,153,425 EF, ALL DATA IN THIS APTHE GOVERNING BODY O	b. Project 16. IS APPLICATIO ORDER 12372 a. YES. THIS PR AVAILAE PROCES DATE b. No. PROG OR PR FOR R 17. IS THE APPLIC	PROCESS? EAPPLICATION/APPLICATION WAS MADE BLE TO THE STATE EXECUTIVE ORDER 12372 BS FOR REVIEW ON: BRAM IS NOT COVERED BY E. O. 12372 BROGRAM HAS NOT BEEN SELECTED BY STATE REVIEW CANT DELINQUENT ON ANY FEDERAL DEBT? S," attach an explanation. IN NO CATION ARE TRUE AND CORRECT, THE D THE APPLICANT WILL COMPLY WITH THE
13. FROPOSE Start Date 7/1/03 15. ESTIMATE a. Federal b. Applicant c. State d. Local e. Other f. Program Inc g. TOTAL 18. TO THE E DOCUMENT ATTACHED	Ending Date 12/31/03 D FUNDING: orne DEST OF MY KN HAS BEEN DU ASSURANCES	14. CONGRESSIONA a. Applicant \$ \$ \$ \$ \$ \$ \$ S S S S IOWLEDGE AND BELII LY AUTHORIZED BY THE ASSISTANCE I	Second 509,635 00 00 643,790 01 1,153,425 EF, ALL DATA IN THIS AP THE GOVERNING BODY OF IS AWARDED. 1b. Title	b. Project 16. IS APPLICATION ORDER 12372 a. YES. THIS PR AVAILABE PROCES DATE b. No. PROGE OR PR FOR R 17. IS THE APPLICATION/PREAPPLICATION/PREAPPLICANT AND	EAPPLICATION/APPLICATION WAS MADE BLE TO THE STATE EXECUTIVE ORDER 12372 BS FOR REVIEW ON: BRAM IS NOT COVERED BY E. O. 12372 BOORAM HAS NOT BEEN SELECTED BY STATE REVIEW CANT DELINQUENT ON ANY FEDERAL DEBT? S," attach an explanation. INDICATION ARE TRUE AND CORRECT, THE DITHE APPLICANT WILL COMPLY WITH THE
start Date 7/1/03 15. ESTIMATE a. Federal b. Applicant c. State d. Local e. Other f. Program Inc g. TOTAL 18. TO THE E DOCUMENT ATTACHED a. Type Name	Ending Date 12/31/03 D FUNDING: OTHER OTH	14. CONGRESSIONA a. Applicant \$ \$ \$ \$ \$ \$ \$ S S S S IOWLEDGE AND BELII LY AUTHORIZED BY THE ASSISTANCE I	Second 509,635 00 00 643,790 01 1,153,425 EF, ALL DATA IN THIS AP THE GOVERNING BODY OF IS AWARDED. 1b. Title	b. Project 16. IS APPLICATIO ORDER 12372 a. YES. THIS PR AVAILAE PROCES DATE b. No. PROG OR PR FOR R 17. IS THE APPLIC	PROCESS? EAPPLICATION/APPLICATION WAS MADE BLE TO THE STATE EXECUTIVE ORDER 12372 BS FOR REVIEW ON: ERAM IS NOT COVERED BY E. O. 12372 BOOGRAM HAS NOT BEEN SELECTED BY STATE REVIEW CANT DELINQUENT ON ANY FEDERAL DEBT? S," attach an explanation. INDICATION ARE TRUE AND CORRECT, THE DITHE APPLICANT WILL COMPLY WITH THE C. Telephone Number (530) 898-5700
start Date 7/1/03 15. ESTIMATE a. Federal b. Applicant c. State d. Local e. Other f. Program Inc g. TOTAL 18. TO THE E DOCUMENT ATTACHED a. Type Name Jeff Wrigh	Ending Date 12/31/03 D FUNDING: OTHER OTH	14. CONGRESSION. a. Applicant \$ \$ \$ \$ \$ \$ S S S S S IOWLEDGE AND BELITATION AUTHORIZED BY THE ASSISTANCE IN REPRESENTATIVE	Second 509,635 00 00 643,790 01 1,153,425 EF, ALL DATA IN THIS AP THE GOVERNING BODY OF IS AWARDED. 1b. Title	b. Project 16. IS APPLICATION ORDER 12372 a. YES. THIS PR AVAILABE PROCES DATE b. No. PROGE OR PR FOR R 17. IS THE APPLICATION/PREAPPLICATION/PREAPPLICANT AND	EAPPLICATION/APPLICATION WAS MADE BLE TO THE STATE EXECUTIVE ORDER 12372 SS FOR REVIEW ON: GRAM IS NOT COVERED BY E. O. 12372 ROGRAM HAS NOT BEEN SELECTED BY STATE REVIEW CANT DELINQUENT ON ANY FEDERAL DEBT? S," attach an explanation. INDICATION ARE TRUE AND CORRECT, THE DITHE APPLICANT WILL COMPLY WITH THE
13. PROPOSE Start Date 7/1/03 15. ESTIMATE a. Federal b. Applicant c. State d. Local e. Other f. Program Inc g. TOTAL 18. TO THE E DOCUMENT ATTACHED	Ending Date 12/31/03 D FUNDING: orne DEST OF MY KN HAS BEEN DU ASSURANCES	14. CONGRESSIONA a. Applicant \$ \$ \$ \$ \$ \$ \$ S S S S IOWLEDGE AND BELII LY AUTHORIZED BY THE ASSISTANCE I	Second 509,635 00 00 643,790 01 1,153,425 EF, ALL DATA IN THIS AP THE GOVERNING BODY OF IS AWARDED. 1b. Title	b. Project 16. IS APPLICATION ORDER 12372 a. YES. THIS PR AVAILABE PROCES DATE b. No. PROGE OR PR FOR R 17. IS THE APPLICATION/PREAPPLICATION/PREAPPLICANT AND	PROCESS? EAPPLICATION/APPLICATION WAS MADE BLE TO THE STATE EXECUTIVE ORDER ES FOR REVIEW ON: ERAM IS NOT COVERED BY E. O. 12372 ROGRAM HAS NOT BEEN SELECTED BY REVIEW CANT DELINQUENT ON ANY FEDERAL DES," attach an explanation. CATION ARE TRUE AND CORRECT, THE OTHE APPLICANT WILL COMPLY WITH C. Telephone Number

OMB Approval No. 0348-0043

APPLICATION FOR				OMB Approval No. 0348-004	
FEDERAL ASSISTAN	ICF	2. DATE SUBMITTED		Applicant Identifier	
LEDEIG (T) (GOIGI)		June 2	, 2003		
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier	
Application	Preapplication Construction	4. DATE RECEIVED BY FEDERAL AGE		Federal Identifier	
Construction Non-Construction	Non-Construction	4. DATE RECEIVED BT	FEDERAL AGENCI		
5. APPLICANT INFORMATION	TE Noti-constant				
Legal Name:			Organizational Unit:	to Downless to	
CSU, Chico Researc				onomic Development	
Address (give city, county, State,	and zip code):		Name and telephone in this application (give a	number of person to be contacted on matters involving	
Kendall Hall, Room 114 CSU, Chico			Jan	ice Rhodd 530-898-4598	
Chico, CA 95929-0870					
6. EMPLOYER IDENTIFICATION	NUMBER (EIN):		7. TYPE OF APPLICA	NT: (enter appropriate letter in box)	
68-0386	5 1 8				
			A. State B. County	H. Independent School Dist. 1. State Controlled Institution of Higher Learning	
8. TYPE OF APPLICATION:	France	—	C. Municipal	J. Private University	
✓ New	Continuation	Revision	D. Township	K. Indian Tribe	
If Revision, enter appropriate lette	er(s) in box(es)] []	E. Interstate	L. Individual	
		J <u>L</u>	F. Intermunicipal	M. Profit Organization	
7 (. 11.10.00	rease Award C. Increase	e Duration	G. Special District	N. Other (Specify)	
D. Decrease Duration Other(s	вреспу):		9. NAME OF FEDERA	AL AGENCY:	
		erin in ann an de de la companya de	U.S. SMALL BUSINESS ADMINISTRATION		
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE N	UMBER:	11. DESCRIPTIVE TIT	TLE OF APPLICANT'S PROJECT:	
		5 9 — 0 3 7	CSU Chico Resi	earch Foundation Center for Economic	
01411			Development Lead SBDC Application (one year)		
	INESS DEVELOPME				
12. AREAS AFFECTED BY PRO Amador, Butte, Caleveras, Colusa, El Dora Joaquin, Sierra, Siskiyou, Sutter, Tehama,	do, Glenn, Lassen, Modoc, Nevada,	Placer, Plumas, Shasta, San			
Joaquin, Sierra, Sieklyou, Sulter, Tehama,	Trinity, Yolo, and Yuba counties				
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF:			
Start Date Ending Date	a. Applicant		b. Project	O Third Faunth	
1/1/04 12/31/04	Seco	ona		rst, Second, Third, Fourth SUBJECT TO REVIEW BY STATE EXECUTIVE	
15. ESTIMATED FUNDING:			ORDER 12372 PR		
a. Federal	\$	00			
		925,148		APPLICATION/APPLICATION WAS MADE	
b. Applicant	\$.00	ł.	TO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON:	
c. State	\$. 00	PROCESS	FOR REVIEW ON.	
o. Gtate	Ψ	•	DATE		
d. Local	\$.00			
				M IS NOT COVERED BY E. O. 12372	
e. Other	\$	1,243,692 [™]	OR PROC	GRAM HAS NOT BEEN SELECTED BY STATE	
f. Program Income	\$	00	FOR REV	1EVV	
rogram income	.	•	17. IS THE APPLICAN	NT DELINQUENT ON ANY FEDERAL DEBT?	
g. TOTAL	· \$.	00	Ves If "Yes"	attach an explanation.	
		2,168,840			
				TON ARE TRUE AND CORRECT, THE	
I .			E APPLICANT AND TH	SE APPLICANT WILL COMPLY WITH THE	
a. Type Name of Authorized Repr	resentative	b. Title	· · · · · · · · · · · · · · · · · · ·	c. Telephone Number	
Jeff Wright	oscillative)	Director, Sponsore	d Programs	(530) 898-5700	
d. Signature of Authorited Repres	entative	1		e. Date Signed	
XXX	$I_{}$			6/2/05	
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APPLICATION FOR				_	OMB Approval No	. 0348-004
FEDERAL ASSISTA	NCE	2. DATE SUBMITTED May 30, 2003		Applicant Identifier		
I. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Ident	ifier	
Application Construction Non-Construction	Preapplication Construction Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier		
5. APPLICANT INFORMATION			Organizational Unit:			
Legal Name: Department of Toxic		rol	Hazardous \	Naste Manag		
Address (give city, county, State,	and zip code):		this application (give a		somacica on man	3,0 11.101.11
P.O. Box 806 Sacramento, CA 958	12-0806		Watson Gin, P.E., D (916) 322-3501			
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		7. TYPE OF APPLICA	NT: (enter appropriate l	etter in box)	
68-0281	3 8 1		A. State	H. Independent School		
8. TYPE OF APPLICATION:			B. County	State Controlled Insti Private University	tution of Higher Le	arning
X New	☐ Continuation	Revision	C. Municipal D. Township	J. Private University K. Indian Tribe		
If Revision, enter appropriate letter	er(s) in box(es)		E. Interstate F. Intermunicipal	L. Individual M. Profit Organization		
	rease Award C. Increase specify):	e Duration	G. Special District	N. Other (Specify)		
State Fiscal Year	2003-05 Grant		9. NAME OF FEDERA	AL AGENCY:		
10. CATALOG OF FEDERAL DO	OMESTIC ASSISTANCE NU	JMBER:	11. DESCRIPTIVE TIT	TLE OF APPLICANT'S	PROJECT:	
- Hazardous V	Vaste Management Wa	6 6 — 8 0 1 ste Program Support		servation and F	Recovery Ac	t
12. AREAS AFFECTED BY PRO	NECT (Cities Counties Sta	tes etc.):	Fiscal Year 20	03-05		
Exclusive counties			Hazardous Wa	aste Manageme	nt Program	
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF:		**************************************		
Start Date Ending Date	a. Applicant		b. Project	- Carting and the second	NUL	2 2003
7-1-2003 6-30-2005	03		Statement	ALID ISOT TO DELUCIA	LDV CTATE EVE	CUTIVE
15. ESTIMATED FUNDING:		00	ORDER 12372 PR	SUBJECT TO REVIEW	BI SIAIE EXEC	JULIVE
a. Federal	\$ 15,10	00		APPLICATION/APPLICA		
b. Applicant		5,740	1	FOR REVIEW ON:	OTIVE ONDER 12	2012
c. State	\$	•	DATE			
d. Local	\$.00	b. No. 🔲 PROGRA	M PC		
e. Other	\$.00	OR PROG FOR REV	ir Cox		
f. Program Income	\$.00	17. IS THE APPLICAN	Please Cont	5	?
g. TOTAL	\$ 20,142		Yes If "Yes,"		, gov	0
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE GO	VERNING BODY OF TH	ATION/PREAPPLICAT E APPLICANT AND TH	TON ARE 1	.0	Æ
ATTACHED ASSURANCES IF		RDED. b. Title		c. Telephone Number		
a. Type Name of Authorized Rep Watson Gin, P.E.	- V,	Deputy Director		(916) 322-3501		,
1. Signature of Authorized Repre	sentative			e. Date Signed	23	

APPLICATION FEDERAL A		E	2. DATE	SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISS	SION		3. DATE	RECEIVED BY STATE	State Application Identifier
Application		Preapplication			
□ Construction ■ Non-Construction		☐ Construction☐ Non-Construction	4. DATE	RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFO	NOITAMS		- 4		
Legal Name: Bay	Area Air Qua	ality Management Distric	Organizatio	onal Unit:	
i	ty, state, and zip code): Ellis Street Francisco, (telephone number of the person to be conta (give area code) Ronald Raimo (415) 749-49	ondi, Finance Manage
6. EMPLOYER IDENT 9_4-1_6	IFICATION (EIN): 5 2 2 7 4 6		7. TYPE OF APPLICANT: (enter appropriate letter here) G. A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify): 9. NAME OF FEDERAL AGENCY: U. S. Environmental Protection Agency		
If Revision, enter approp A. Increase	Continuation D Revisio	: O 'C : Award			
Other Specifi	y:				
10. CATALOG OF FED	ERAL ANCE NUMBER: 6	6 6 0 6	11. DESC	RIPTIVE TITLE OF APPLICANT'S PRO	JECT:
		dies, Investigations	Air Monitoring for Homeland Security		
IIILE L	ourveys, bu	ures, investigations	EPA	Funding \$1,	412,100
12. AREAS AFFECTED	BY PROJECT (cities,	counties, states, etc.): Counties of	In-	Kind Funding	132,152
Sa	n Francisco	and Santa Clara	Tota	al Grant Funding \$ 1,	544,252
13. PROPOSED PROJEC	CT:	14. CONGRESSIONAL DISTRICT OF:		ILINI Mariana	
Start Date 1/1/2003	End Date 9/30/2004	a. Applicant:	02	JUN 2 2003	b. Project 04-13
15. Estimated Funding:			16.	IS APPLICATION SUBJECT TO REVIE	W BY STATE EXECUTIVE ORDER
a. Federal		\$ 1,412,100	1	12372 PROCESS?	
b. Applicant		1,412,100	YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON:		
c. State		s 132,152			
d. Local \$		b. NO. • PROGRAM IS NOT COVERED BY E.O. 12372 • OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
e. Other \$					
f. Program Income \$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
8. TOTAL \$ 1,544,252 .00		□ Yes	If "Yes" attach an explanation.	□ No	
BEEN DULY	T OF MY KNOWLED AUTHORIZED BY TH ANCE IS AWARDED.	GE AND BELIEF. ALL DATA IN THIS API IE GOVERNING BODY OF THE APPLICAN	PLICATION/PI	REAPPLICATION ARE TRUE AND COP APPLICANT WILL COMPLY WITH TH	RRECT, THE DOCUMENT HAS E ATTACHED ASSURANCES IF
a. Typed Name of Author	rized Representative.	Peter Hess		eputy Air Pollution	c. Telephone Number (41) 749-4971
d. Signature of Authorize	d Representative	Then			e. Date Signed 5/30/2003
revious Editions Not Unable	· row	A)	·····		Standard Form 424A (REV 488)

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APPLICATION FOR

OMB Approval No. 0348-0043

FEDERAL ASSISTA	NCE	2. DATE SUBMITTED May 29	9, 2003	Applicant Identifier	
1. TYPE OF SUBMISSION:	3	3. DATE RECEIVED BY		State Application Iden	tifler
Application Construction	Preapplication Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identifier	
Non-Construction 5. APPLICANT INFORMATION	Non-Construction				
Legal Name: Mother Lode Job Tra	aining Agency		Organizational Unit:	restment Board	The state of the s
Address (give city, county, State					contacted on matters involving
19900 Cedar Road N Sonora, Tuolumne, C			this application (give a		•
6. EMPLOYER IDENTIFICATIO 7 7 - 0 2 7 4				ANT: (enter appropriate	N
8. TYPE OF APPLICATION:			A. State B. County	H. Independent School. State Controlled Inst	DI Dist. titution of Higher Learning
✓ New	Continuation	Revision	C. Municipal	J. Private University	, and the second
If Revision, enter appropriate lett	er(s) in box(es)		D. Township E. Interstate	K. Indian Tribe L. Individual	
			F. Intermunicipal	M. Profit Organization	
	rease Award C. Increase specify):	Duration	G. Special District	N. Other (Specify)	Joint Powers
	.,		9. NAME OF FEDERA	AL AGENCY:	
			Department of Ag	griculture Rural De	velopment
10. CATALOG OF FEDERAL DO	OMESTIC ASSISTANCE NU	MBER:	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:		
		1 0 — 7 7 3	MOTHER LODE	BUSINESS CONN	IECTION
TITLE:					
12. AREAS AFFECTED BY PRO		•			
Amador, Calaveras, Marip	oosa, Tuolumne Counti	es in California			JUN 2 2003
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	TRICTS OF:		5	STATE OF CASHIO HA
Start Date	a. Applicant Districts	3 & 19	b. Project	Districts 3 & 1	
15. ESTIMATED FUNDING:			16. IS APPLICATION		BY STATE EXECUTIVE
		CG	ORDER 12372 PR	OCESS?	
a. Federal	\$	50,000	a. YES. THIS PREA	.PPLICATION/APPLICA	ATION WAS MADE
b. Applicant	S	23,252	AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:		CUTIVE ORDER 12372
c. State	\$.00	DATE	06/02/03	
d. Local	S	5,694 ·	b. No. PROGRA	M IS NOT COVERED E	BY E. O. 12372
e. Other	\$.co	OR PROG FOR REV		SELECTED BY STATE
f. Program Income	S	.co	47 10 7115 4051104	TOST INCLISTS ON A	
g. TOTAL	\$	70.040	17. IS THE APPLICAN	ittach an explanation.	NY FEDERAL DEBT?
18. TO THE BEST OF MY KNOW	VI EDGE AND BELIEF ALL	78,946		·	
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF T	AUTHORIZED BY THE GOV	ERNING BODY OF THE			
a. Type Name of Authorized Repr Candace Katosic	esentative	b. Title Director		c. Telephone Number (209) 533-3396	
d. Signature of Authorized Repres		טוו פטוטן		e. Date Signe	/7
Seeden	Seed (200) 7/10/63				

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OMB Approval No. 0348-0043 APPLICATION FOR 2. DATE SUBMITTED Applicant Identifier FEDERAL ASSISTANCE May 29, 2003 3. DATE RECEIVED BY STATE 1. TYPE OF SUBMISSION: State Application Identifier Application Preapplication Construction Construction 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier Non-Construction Non-Construction 5. APPLICANT INFORMATION Legal Name: Organizational Unit: Le Grand Community Services District Address (give city, county, State, and zip code): Name and telephone number of person to be contacted on matters involving this application (give area code) 13038 Jefferson Street, Le Grand, CA 95333-9759 Gerald Herman, (559) 673-5981, ext. 23 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 7. TYPE OF APPLICANT: (enter appropriate letter in box) G 6 9 - 0 9 3 3 8 6 1 A. State H. Independent School Dist. 8. TYPE OF APPLICATION: I. State Controlled Institution of Higher Learning B. County J. Private University C. Municipal Revision New New Continuation D. Township K. Indian Tribe E. Interstate L. Individual If Revision, enter appropriate letter(s) in box(es) M. Profit Organization F. Intermunicipal B. Decrease Award G. Special District N. Other (Specify) _ A. Increase Award C. Increase Duration D. Decrease Duration Other(specify): 9. NAME OF FEDERAL AGENCY: USDA Rural Utilities Service 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 0 7 6 0 Emergency replacement of pump at Well 2 TITLE: Water & Waste Disposal Loan and Grant Program 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Le Grand, Merced County, California 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: Start Date Ending Date b. Project a. Applicant District 18 District 18 4/15/03 6/30/03 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE 15. ESTIMATED FUNDING: **ORDER 12372 PROCESS?** a. Federal 18,000 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE £ 00 AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 \$ b. Applicant PROCESS FOR REVIEW ON: 00 c. State \$ 05/29/03 DATE ____ d. Local \$ b. No. PROGRAM IS NOT COVERED BY E. O. 12372 00 OR PROGRAM HAS NOT BEEN SELECTED BY STATE \$ e. Other

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

00

18,000

mcu

FOR REVIEW

Yes If "Yes," attach an explanation.

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

e. Date Signed

DOCUMENT HAS BEEN DOET ACTIONIZED BY THE GOVERNMENT BOOT OF THE ACT FROM THE ACT FROM THE COUNTY WILL COME FOR THE ACT FROM THE ACT FRO				
ATTACHED ASSURANCES IF THE ASSISTANCE IS AWAI	RDED.			
a. Type Name of Authorized Representative Vicky Ramirez William McCann	0	c. Telephone Number (209) 389-4173		

21/

d. Signature of Authorized Representative

\$

f. Program Income

g. TOTAL

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No.





U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

Recipient ID:	1644
Recipient Name:	CITY OF LOS ANGELES
Project ID:	CA-90-Y201-00
Budget Number:	1 - Budget Pending Approval
Project Information:	BUS REFURBISHMENT

Part 1: Recipient Information

Project Number:	CA-90-Y201-00
Recipient ID:	1644
Recipient Name:	CITY OF LOS ANGELES
Address:	221 N. Figueroa Street SUITE 400, LOS ANGELES, CA 90012 0000
Telephone:	(213) 580-5414
Facsimile:	(213) 580-5458

Union Information

Recipient ID:	1644
Union Name:	LOS ANGELES POLICE PROTECTIVE LEAGUE
Address 1:	1308 W. 8th Street
Address 2:	Suite 400
City:	Los Angeles, CA 90017 0000
Contact Name:	Dave Hepburn
Telephone:	(213) 251-4565
Facsimile:	(213) 251-4566

Recipient ID:	1644
Union Name:	INTERNATIONAL BROTHERHOOD OF TEAMSTERS
Address 1:	25 Louisiana Avenue. N.W.
Address 2:	
City:	Washington, DC 20001 0000
Contact Name:	James Hoffa

2 2003

Telephone:	(202) 624-6800
Facsimile:	(202) 624-8106

Recipient ID:	1644
Union Name:	TRANSPORTATION-COMMUNICATIONS INTERNATIONAL UNION
Address 1:	3 Research Place
Address 2:	
City:	Rockville, MD 20850 0000
Contact Name:	Robert Scardelletti
Telephone:	(301) 948-4910
Facsimile:	(301) 948-1369

Recipient ID:	1644
Union Name:	UNITED TRANSPORTATION UNION
Address 1:	14600 Detroit Avenue
Address 2:	
City:	Cleveland, OH 44107 0000
Contact Name:	Bernie McNelis
Telephone:	(216) 228-9400
Facsimile:	(216) 228-5755

Part 2: Project Information

Project Type:	Grant	
Project Number:	CA-90-Y201-00	
Project Description:	BUS REFURBISHMENT	
Recipient Type:	City	
FTA Project Mgr:	Ray Tellis	
Recipient Contact:	Chuck Hammerstein	
New/Amendment:	None Specified	
Amend Reason:	Initial Application	
Fed Dom Asst. #:	20507	
Sec. of Statute:	5307	
State Appl. ID:	None Specified	
Start/End Date:	Sep. 25, 2001 - Jun. 30, 2003	
Recvd. By State:		
EO 12372 Rev:	YES	
Review Date:	May. 28, 2003	
Planning Grant?:	NO	

Gross Project Cost:	\$7,830,000
Adjustment Amt:	\$0
Total Eligible Cost:	\$7,830,000
Total FTA Amt:	\$932,000
Total State Amt:	\$0
Total Local Amt:	\$6,898,000
Other Federal Amt:	\$0
Special Cond Amt:	\$0
Special Condition:	None Specified
S.C. Tgt. Date:	None Specified
S.C. Eff. Date:	None Specified
Est. Oblig Date:	30-Apr-2003
Pre-Award Authority?:	No
Fed. Debt	

Program Date (STIP/UPWP/FTA Prm Plan) :	Sep. 25, 2001
Program Page:	LA0D32
Application Type:	Electronic
Supp. Agreement?:	Yes
Debt. Delinq. Details:	

ı	Authority?:	No	
	Final Budget?:	Yes	

Urbanized Areas

	UZA ID	UZA Name	
		LOS ANGELESLONG BEACHSANTA ANA, CA	

Congressional Districts

State ID	District Code	District Official
6	20	Calvin M Dooley
6	22	William M Thomas
6	24	Elton Gallegly
6	25	Howard P McKeon
6	26	David Dreier
6	27	Brad Sherman
6	29	Adam B Schiff
6	30	Henry A Waxman
6	32	Hilda L Solis
6	35	Maxine Waters
6	36	Jane Harman
6	37	Juanita Millender-McDon
6	38	Grace F Napolitano

Project Details

Vehicle Emission Reduction Program -- Purchase replacement engine packages for 58 vehicles with new engine packages utilizing the latest is efficient diesel technology.

Project justification includes extending the service life of existing vehicles while lowering emissions.

Federal Funding Availability and Corresponding Fiscal years for the Sec. 5307 funds in this application: Fiscal year 02/03. See TIP sheet referenced below.

Project I.D. is LA0D32, 2002 FTIP.

FUEL TYPE: Diesel